REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Crawford
Township Benton
City ~~Cuba~~ (No. , St. Ward)
Registration District No. 230
Primary Registration District No. 5312
File No. 18121
Registered No.

2. FULL NAME Ella Jeanette Chapman 155
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Chapman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2nd 1855
7. AGE: YEARS 82, MONTHS 5, DAYS 8; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville Mo.

FATHER
13. NAME: James Pease
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Mass.

MOTHER
15. MAIDEN NAME: Mahala Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville, Ill.

17. INFORMANT (ADDRESS): Edward Chapman, 2203 Tower Ave. St Louis
18. BURIAL, CREMATION, OR REMOVAL
PLACE McNicols Cem DATE May 12th 1938
19. UNDERTAKER (ADDRESS): Jas. E. Hollow, Cuba, Mo.
20. FILED June 3, 1938 G. G. A. Herzog Registrar. 2 E. B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10th 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 19, 1938
I last saw her alive on May 9, 1938 Death is said to have occurred on the date stated above, at 11 00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance: 97

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Gustavus G. A. Herzog, M. D.
(Address) Cuba, Mo.