

REC'D JUN 10 1938

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

Do not use this space.

18856

1. PLACE OF DEATH

County Mercer Registration District No. 558 File No. 28  
Township Lindley Primary Registration District No. 5752 Registered No. 28  
City Cainsville (No. 774, Cainsville) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Hella May Chapman 155  
(a) Residence, No. 774, Cainsville Ward \_\_\_\_\_ (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. S. Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 70 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison, Co., Missouri

13. NAME John T. Crawley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carron Co., Kentucky

15. MAIDEN NAME May F. Stallworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co., Kentucky

17. INFORMANT (ADDRESS) S. S. Chapman, Rt. Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery, May 10, 1938

19. UNDERTAKER (ADDRESS) E. F. Stokland, Cainsville, Mo.

20. FILED 5/9 1938 J. M. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938 to May 9, 1938

I last saw him alive on May 8, 1938. Death is said

to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Suicide by Phenobarbital in Pains of Death

Date of onset 7/6-38

Other contributory causes of importance:

Need 210 gr Phenobarbital was taken

Name of operation no Chen & Phyp Date of \_\_\_\_\_

What test confirmed diagnosis? Chen & Phyp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury 5/6, 1938

Where did injury occur? John Lane Cainsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home of F. W. Cainsville, Mo.

Manner of injury over dose Phenobarbital

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. S. Swift, M. D.

(Address) Cainsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

