

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

**34377**  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Hospital # 2 Registration District No. 791  
 (b) Township city Primary Registration District No. 1003  
 (c) City City Hospital #2 (d) Street No. City Hospital #2 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lottie Chatman  
 (a) Residence, No. 1607 S. 3rd St. St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>cauld</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1917</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>1917</u>	MONTHS <u>—</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		<u>LABOR</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LULA, MISSISSIPPI</u>		
FATHER	13. NAME <u>Lottie Chatman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ARK.</u>	
MOTHER	15. MAIDEN NAME <u>Addie Brodeur</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSISSIPPI</u>	
17. INFORMANT (ADDRESS) <u>Mrs Chatman 1607 S. 3rd St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FATHER PARKSON Oct 29 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Chas Burks 16-19 S. 3rd</u>		
20. FILED <u>OCT 28 1938</u> <u>J. Predeck</u> Local Registrar.		

**NO MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/38 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:  
Haemorrhage due to linear basal fracture of the skull, suffered when deceased attempted to tackle another player in a football game on a vacant lot at Davis and Van Euren Streets.

Other contributory causes of importance:  
and missed and struck his head upon the ground, on October 16th, 1938 at about 3:45 P.M.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 10/22/1938  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In Public Place

Manner of injury \_\_\_\_\_  
 Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph M. Quinn M.D.  
 (Address) Regent

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Rouis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Rouis V. Atkins

Licensed Embalmer No. 2842

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**