

REC FEB 7 1940

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

Do not use this space.

2996

1. PLACE OF DEATH

County McDonald  
Township Elk River  
City (No. )

Registration District No. 963  
Primary Registration District No. 3-692

File No. 202-74  
Registered No. 74  
St. Ward

2. FULL NAME

Lydia Levinia Chapman

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas E Chapman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1940</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>6</u>	DAYS <u>1</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Ontario (STATE OR COUNTRY) Canada

FATHER 13. NAME Matthias Smith

FATHER 14. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ruth Cheney

MOTHER 16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Mrs Oswell Jones (ADDRESS) Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Mo DATE 1-14 1940

19. UNDERTAKER Geo Patton Mrs C (ADDRESS) Anderson Mo

20. FILED 1-25 1940 H.C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1940, to Jan 11 1940. I last saw her alive on Jan 3 1940. Death is said to have occurred on the date stated above, at m.

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

Coronary Heart Disease  
A3C

Other contributory causes of importance:

Ch Myocarditis  
Senility

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

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) R. E. Warrack M.D. M. D. (Address) Southwest City, Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-315

Date Filed FEB 6 1940

State Director

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2996  
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 963  
(b) Township Elk River Primary Registration District No. 3682 Registered No. 202  
(c) City..... (d) Street No.....  
(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

Lydia Leivinia Chapman  
(a) Residence, No. RFD near mo St.  (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 7 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-25- 1940 H.C. Alexander  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-40 1940

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

I last saw him alive on 19, 19. Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) R. E. Wernick M.D.

(Address) South west city mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

S-2996