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

Do not use this space.

20492

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada
Registration District No. 875
Primary Registration District No. 3039
File No.
Registered No. 122
No. St. Ward)

2. FULL NAME Lydia Jane Chapman
(a) Residence. No. 243 N Pine St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James Chapman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1848
7. AGE Years 81 Months 2 Days 18 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Gentyville
(STATE OR COUNTRY) Indiana
PARENTS
10. NAME OF FATHER Heaton Lamb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D K
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Kate Grigsley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D K
(STATE OR COUNTRY) Indiana
14. INFORMANT Ollie Chapman
(Address) Nevada Mo
15. FILED 6/5/ 1929 E R King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929
17. I HEREBY CERTIFY, That I attended deceased from May-12-, 1929, to May-12-, 1929 that I last saw her alive on May-12-, 1929, and that death occurred, on the date stated above, at 5:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic endocarditis
(duration) yrs. ? mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
May 12 (Signed) C B Todd, M. D
, 1929 (Address) Nevada

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clicks Cemet
DATE OF BURIAL 5/14 1929
20. UNDERTAKER Terry Funeral Home
ADDRESS Nevada

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.