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.

MAY 27 1931

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

Do not use this space.
18995

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 68
City Moberly (No. , St. Ward)

2. FULL NAME James S. Chapman

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired merchant
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) Keytesville, (STATE OR COUNTRY) Missouri.

FATHER
13. NAME George Chapman
14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Emma Horsley
16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Emma Lawrence (ADDRESS) Tyler, Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytesville DATE May 3, 1931

19. UNDERTAKER Hyde & Garnett (ADDRESS) Keytesville, Mo.

20. FILED May 5, 1931 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from April 9 1931, 19, to May 1st 1931, 19
I last saw him alive on May 1st 1931, 19. Death is said to have occurred on the date stated above, at 2:25 P. M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Cardiac Hypertrophy	
Heart Failure	
Passive Congestion	

Other contributory causes of importance:

Rheumatic Heart disease	50 Ye
Mitral Stenosis	

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Thos. S. Fleming, M. D.
(Address) Moberly Mo