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.

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

DEC 19 1935

Do not use this space.

36794

1. PLACE OF DEATH
County New Madrid
Township Anderson
City Sideon (No. ..... St. ..... Ward)

Registration District No. 55
Primary Registration District No. 4033

File No. 10
Registered No. 1129

2. FULL NAME Charles E. Chaplin

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Maude Chaplin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1874

7. AGE YEARS 61 MONTHS 0 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machine shop
10. Date deceased last worked at this occupation (month and year) Nov 16-35
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Chas J Chaplin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs Lillian Dalton 1216 a Pa ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE 11-22 1935

19. UNDERTAKER (ADDRESS) Robt B. Meentemeyer Sideon Mo

20. FILED Dec 10 1935 M V Munn
Registrar.

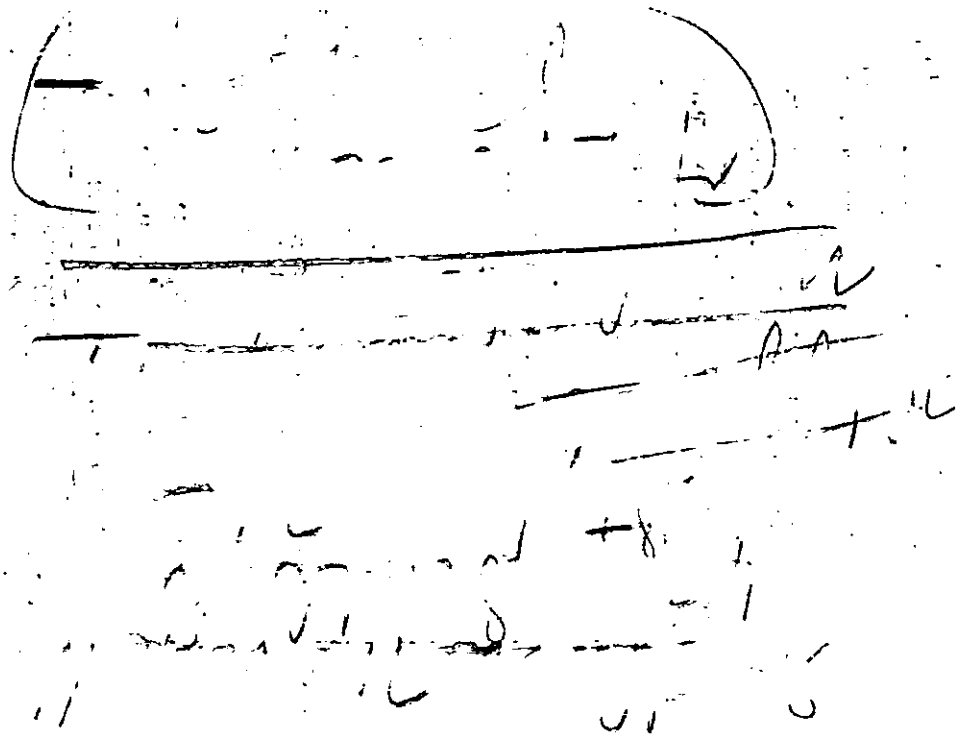
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from NOV 16, 1935, to NOV 17, 1935
I last saw him alive on NOV 17, 1935. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	11-16-35
MYOCARDIAL INSUFFICIENCY	11-16-35
Other contributory causes of importance: CHRONIC HYPERTROPHIC PROSTATE	4 yrs

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Sideon, Mo.