APR 11 1936

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

Do not use this space.

File No. 12966

Registered No. 3033

1. PLACE OF DEATH

County

Township

City St. Louis (No. Fruco Hospital St. Ward)

Registration District No. 1003

Primary Registration District No. 791

2. FULL NAME Gene Chapman

(a) Residence, No. 401 Division, Sapulpa, Okla. Ward. Sapulpa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. NR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~3-19-36~~ 4-21-83

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) about 12-15-35

11. Total time (years) spent in this occupation 26 yrs.

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

FATHER

13. NAME W. R. Chapman

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

MOTHER

15. MAIDEN NAME Clara Clark

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

17. INFORMANT wife Mrs Gene Chapman
(ADDRESS) 401 Division, Sapulpa, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sapulpa Okla. DATE March 19 36

19. UNDERTAKER Albert Holtoff Funeral
(ADDRESS) 4229 N. Euclid Ave.

20. FILED MAR 20 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1936, to 3-19, 1936

I last saw him alive on 3-19, 1936. Death is said to have occurred on the date stated above, at 9 40 p. m.

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

	Date of onset
Hypertension. Chr. Nephritis	
Cardiac asthma	

Other contributory causes of importance:

Pneumonia Bronchial	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

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) W. L. Macon Jr., M. D.

(Address) 4960 Laclede St. Louis, 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.

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

100M-11-24-33

No. 2330

No. 1167