

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

Do not use this space.

JUN 17 1937

19581

File No. _____
 Registered No. 141
 St. _____ Ward _____

1. PLACE OF DEATH
 12 County Butler Registration District No. 09
 Township _____ Primary Registration District No. 3007
 4 City Poplar Bluff (No. 806 Vine St.) St. _____ Ward _____

2. FULL NAME Lafayette Worth Chapman
 (a) Residence, No. 17 South Euclid St., _____ Ward. St. Louis, Mo.
 (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 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 Novella Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 8 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) Ethel, (STATE OR COUNTRY) Louisiana

MOTHER FATHER
 13. NAME Lafayette Chapman

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

15. MAIDEN NAME Mary Elizabeth Palmer

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

17. INFORMANT Mrs. Novella Chapman (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Doniphan, Mo. DATE June 1 37

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 5/31 19 37 Chuteinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him him alive on _____, 19____. Death is said to have occurred on the date stated above, 11:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
 Other contributory causes of importance: atd
 Name of operation _____ Date of _____
 What test confirmed diagnosis? history 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? _____
 If so, specify _____
 (Signed) Chuteinger Registrar
 (Address) Poplar Bluff,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

