

OCT 23 1940

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

31285
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
(b) Township East River Primary Registration District No. 3002 Registered No. 137
(c) City Mexico (d) Street No. Andrew Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORENCE E. CHAPMAN

(a) Residence, No. VANDALA - MO St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practical nurse
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County - Mo. 0

FATHER 13. NAME William Jeff Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldwford, Mo. 0

MOTHER 15. MAIDEN NAME Anna Biggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austell - Texas

17. INFORMANT (ADDRESS) Milton Thompson Vandala Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandala DATE Oct 18 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. S. Waters 23 Vandala, Mo 23

20. FILED Oct 16 1940 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1940, to 10-16 1940

I last saw him alive on 10-16 1940 Death is said to have occurred on the date stated above, at 9: A m.

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

Diabetes
Nephritis

Date of onset

Other contributory causes of importance:

Mental Case.

Name of operation None Date of

What test confirmed diagnosis Chemical 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) Frank Polley M. D.

(Address) Mexico, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Wm B Waters, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Wm B Waters*

Licensed Embalmer No. *3325*

P. O. Address *Wardlaw MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.