

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

1 PLACE OF DEATH

County Vernon
Township Washington
or
Village State Hospital No. 3
or
City State Hospital No. 3

Registration District No.

File No. 37642

Primary Registration District No.

Registered No. 52929

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME A. E. Chapman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE MARRIED WIDOWED OR DIVORCED** Married
(Write the word)

6 DATE OF BIRTH unknown 1
(Month) (Day) (Year)

7 AGE about 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Ball player
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) unknown

PARENTS
10 NAME OF FATHER unknown
11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) unknown
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. Dawson
(Address) Nevada Mo.

15 Filed Oct 22 1918 by G. W. Petty Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 21 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 16 1918 to Oct 21 1918, that I last saw him alive on Oct 21 1918, and that death occurred, on the date stated above, at 8:50 p.m.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia

10
(Duration) yrs. mos. ds.

CONTRIBUTORY influenza
(Secondary) (Duration) yrs. mos. ds.

(Signed) G. W. Dawson M. D.
10-21-18 1918 (Address) Nevada Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. 10 mos. ds. In the unknown State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence Willow Springs Mo.

19 PLACE OF BURIAL OR REMOVAL McPherson Kans. **DATE OF BURIAL** Oct 22 1918

20 UNDERTAKER W. J. Waincott **ADDRESS** Nevada Mo.