

1. PLACE OF DEATH: **3703**  
 COUNTY OF: **San Diego**  
 CITY/TOWN OF: **National City**  
 RURAL DISTRICT OF: **National City**  
 2. FULL NAME: **JAMES EARLEY CHAPLIN**  
 RESIDENCE: **3703 National City, California**

STATE OF CALIFORNIA  
 DEPARTMENT OF PUBLIC HEALTH  
 VITAL STATISTICS  
 STANDARD CERTIFICATE OF DEATH  
 39-041319

3. SEX: **Male**  
 4. COLOR OR HAIR: **White**  
 5. MARRIAGE STATUS: **Married**  
 6. DATE OF BIRTH: **July 13th 1905**  
 7. PLACE OF BIRTH: **Los Angeles, California**  
 8. NAME: **Frank H. Chaplin**  
 9. BIRTHPLACE: **Not known**  
 10. MAIDEN NAME: **Little Myers**  
 11. BIRTHPLACE: **Sierraville, California**  
 12. CITY/TOWN OF DEATH: **National City, California**  
 13. DATE OF DEATH: **March 21st 1938**  
 14. TIME OF DEATH: **4:45 a.m.**  
 15. PLACE OF DEATH: **Public Highway**  
 16. CAUSE OF DEATH: **Auto crashed into rear of stalled**  
 17. MANNER OF DEATH: **Accident**  
 18. SIGNATURE: **[Signature]**  
 19. EMBALMER: **[Signature]**  
 20. FUNERAL DIRECTOR: **[Signature]**  
 21. FILED: **[Signature]**

22. MEDICAL CERTIFICATE OF DEATH: **None**  
 23. COCAINE & CATHINONE OF DEATH: **None**  
 24. INQUEST: **None**  
 25. OTHER CONTRIBUTORY CAUSES: **Passenger in auto.**  
 26. OPERATING DATE OF: **None**  
 27. ACCIDENT: **Accident**  
 28. CITY/TOWN OF: **National City, California**  
 29. PUBLIC PLACE: **Public Highway**  
 30. SIGNATURE: **[Signature]**

Give separate copy. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact contents of OCCUPATION is very important.

L.E.E.