

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

Do not use this space.

4213

1. PLACE OF DEATH

32 County DeKalb Registration District No. 261
 Township Washington Primary Registration District No. 4560
 City (No. 3360 B) Registered No. 2 St. _____ Ward _____

2. FULL NAME

Grace Chappell
 (a) Residence, No. 116 South 29th St., _____ Ward. St. Joseph 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. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Dudley Chappell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6th 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 1 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1932, to July 7th, 1932
 I last saw him alive on July 7th, 1932 Death is said to have occurred on the date stated above, at 8:10 p. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset July 7-32
 Other contributory causes of importance:
General Peritonitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chyloperfusion 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) L. E. Saunders M. D.
 (Address) Stevensonville mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. mo
 FATHER 13. NAME Wm H Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meyer Co. mo
 MOTHER 15. MAIDEN NAME Mary Francis Saunders
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. mo
 17. INFORMANT Mrs. B. A. Webster
 (ADDRESS) St. Joseph mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____
 19. UNDERTAKER Thayer & Sons & Brown
 (ADDRESS) St. Joseph mo
 20. FILED July 7th 1932 L. E. Saunders
 Registrar.

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.

22 1932

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

4-2-32

1. PLACE OF DEATH

County DeKalb
Township Washington
City Grace (No. Chappell)

Registration District No. 261
Primary Registration District No. 1260

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE North Union DATE _____ 1932

19. UNDERTAKER (ADDRESS) W. G. Gale & Son

20. FILED Feb 7th 1932 W. G. Gale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

General
Heart
Murder
Blunt
Stomach
50
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. G. Gale M. D.
(Address) Stewartville Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months, and days, and that it may be properly classified. Exact CAUSE OF DEATH is to be stated.

REGISTRAR SHALL NOT RECEIVE CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

state ant. PHYSICIAN'S SIGNATURE AND OCCUPATION

5-4213