

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

Do not use this space.

20425

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 412) Dal-Whi-Mo

File No. \_\_\_\_\_  
Registered No. 153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 412 Dal-Whi-Mo St. Ward \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
88 0 15

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

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) 1907 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stevenson 2  
New York

13. NAME Steven A Chapel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs J P McAlister  
(ADDRESS) 2-2-2-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 6-11-1932

19. UNDERTAKER M<sup>o</sup> Laughlin Ows  
(ADDRESS) Sedalia Mo

20. FILED 6-11 1932 J. L. Love  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 9, 1932.  
I last saw him alive on June 8, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cerebral hemorrhage  
grippe  
10?  
J 20

Date of onset  
June 8

Other contributory causes of importance:  
Several Sutures

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) Chas. W. Love, M. D.  
(Address) Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 26 1932

