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

Do not use this space.

29810

SEP 16 1936

1. PLACE OF DEATH
County: Barry
Township:
City: Monett (No. ..... St. ..... Ward)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 37

2. FULL NAME: Samuel Anderson Chapell

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Mrs Margaret Chapell

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

7. AGE: Years: Last 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Nemaha Co. Kans

FATHER

13. NAME: James S. Chapell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Virginia

MOTHER

15. MAIDEN NAME: Nancy Pilant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Kentucky

17. INFORMANT (ADDRESS): Mrs Albert Austin, Monett Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: I.O.O.F. Cem. DATE: 8/16 1936

19. UNDERTAKER (ADDRESS): Callaway, Monett Mo

20. FILED 8-15- 1936 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Aug 14, 1936
Last saw h. ~~in~~ alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bowels	

Other contributory causes of importance: None

Name of operation: None Date of
What test confirmed diagnosis? Physical 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 No

(Signed) J. M. Russell, M. D.
(Address) Monett Mo

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.

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