

JAN 19 1936

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

Do not use this space.

49498

29

1. PLACE OF DEATH

County Johnson
Township Montserrat
City Montserrat (No.)

Registration District No. 429
Primary Registration District No. 5093

File No.
Registered No.
St. Ward

2. FULL NAME Ruby Lee Chappell

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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) Dec-28-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
none none none

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Montserrat
(STATE OR COUNTRY) Johnson Co. Mo.

13. NAME Eltis Chappell

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

15. MAIDEN NAME Gladys Murley

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

17. INFORMANT Geo Murley
(ADDRESS) Montserrat Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knob-Nut, Mo. Dec-28-1936

19. UNDERTAKER C L Sault
(ADDRESS) Knob-Nut, Mo.

20. FILED Dec 29, 1936 A Koch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Dec 28, 1936.

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.

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

Steel Burn
Foreign Object
Posterior

Date of onset

Other contributory causes of importance:

Name of operation Tomy performed on date of
What test confirmed diagnosis? Micro Was there an autopsy? Yes

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) Geo H. ... M. D.
(Address) Franklin ...

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.

