

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

Do not use this space.

**1. PLACE OF DEATH**

County Pike

Registration District No. 684

File No. 36527

Township Quinn

Primary Registration District No. 2408

Registered No. 25

City Bowling Green

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Marietta V. Chapple

(a) Residence No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. W. Chapple</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8<sup>th</sup> 1898</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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)  
Pike Co. Mo.

13. NAME  
John E. Penn

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

15. MAIDEN NAME  
Mary Penn

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

17. INFORMANT (ADDRESS)  
Mr. J. R. Tinsley

18. BURIAL, CREMATION, OR REMOVAL  
Bowling Green Cemetery DATE 10 4 1938

19. UNDERTAKER (ADDRESS)  
James B. Prosser

20. FILED 11-1-38 1938 James B. Prosser Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Oct 2nd 1938.  
I last saw her alive on Oct 2nd 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Tubercular enteritis

Other contributory causes of importance: \_\_\_\_\_

Name of operation no x-ray findings Date of \_\_\_\_\_

What test confirmed diagnosis? x-ray findings Where 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) James B. Prosser M. D.

(Address) Bowling Green, Missouri

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-535

Date Filed 11-3-38