

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

Do not use this space.

26527

1. PLACE OF DEATH
 County Richman Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Mo. Meth. Hosp.) Sl. 726 Ward 726
 2. FULL NAME Christopher Fred Steph Skidmore Mo
 (a) Residence No. 726 Sl. 726 Ward 726
 (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 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Chappel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 — 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dearfield
 (STATE OR COUNTRY) New York

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) U
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Linchouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Fred Steph
 (Address) Skidmore Mo

15. FILED 1927 19. John E. J.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9th 1927
 17. I HEREBY CERTIFY That I attended deceased from 9/8, 1927 to 9/9, 1927
 that I last saw him alive on 6:19 P., 1927, and that death occurred, on the date stated above, at 6:19 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Peritonitis
12 IA
129 (duration) yrs. mos. 3 da.
 CONTRIBUTORY (SECONDARY) Gangrenous Peritonitis
appendix (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED
 (NOT PLACE OF DEATH) Skidmore Mo.

1. 1770 years 9/8/27
 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical & operative
 (Signed) Royce H. Spencer, M.D.
919, 1927 (Address) Orville St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Skidmore Mo DATE OF BURIAL 9/11 1927

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1708 Francis

WRITE PAINLY, 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.

SEP 10 1927

