

OCT 25 1927

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

Do not use this space.

26807

## 1. PLACE OF DEATH

County Cole Registration District No. 213-Township Jefferson Primary Registration District No. 3014City Jefferson (No.         )File No.         Registered No. 256-St.          Ward         

## 2. FULL NAME

Unnamed Chappell  
(a) Residence. No. 606 Franklin 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male colored

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

Sept 28-1927

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,          hrs. or          min.2

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work         (b) General nature of industry, business, or establishment in which employed (or employer)         (c) Name of employer         

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Jefferson City Mo

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14. INFORMANT

(Address)

Chappell 606 Franklin St

## 15. FILED

9/30 1927. P.V. Bedford

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28-27

17.

I HEREBY CERTIFY, That I attended deceased from 9/28, 1927, to 9/28, 1927, that I last saw          alive on Sept 28, 1927, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Imperfect closure Foramen ovale

CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,         DID AN OPERATION PRECEDE DEATH? no DATE OF         WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Synpnoea(Signed) L.A.T. Meyer, M. D.Address Jefferson City Mo

\*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

DATE OF BURIAL

City, Mo. Sept 30 1927

20. UNDERTAKER

ADDRESS

Lawson-Tanner Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. SEX should be stated EXACTLY. OCCUPATION should be stated EXACTLY.

