

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.

APR 30 1930

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

Do not use this space.

9551

1. PLACE OF DEATH

County Mississippi
Township 2
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 3030

File No.
Registered No. 25
St. Ward

2. FULL NAME

B. P. Chappel
(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9th 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 4

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) Balcone (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Coy Chappel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ballard County (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Della Mae Williams

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

14. INFORMANT Coy Chappel (Address) Charleston, Mo.

15. FILED Mar 14 1930 J. F. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/13 1 1930 7:45 A.M.

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1930, to March 13, 1930 that I last saw him alive on March 13, 1930, and that death occurred, on the date stated above, at 7:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Double Labor)
108 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 101 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) E. Christ Balcony, M. D.
, 19 (Address) Charleston, 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 Dak Grove DATE OF BURIAL 3/14 1930

20. UNDERTAKER Louis Hud. Co. ADDRESS Charleston, Mo.

1
2