

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

Hepler
Do not use this space.

41023

File No. _____
Registered No. 228
St. _____ Ward _____

1. PLACE OF DEATH
80 County Pettis Registration District No. 668
4 Township _____ Primary Registration District No. 3032
8 City Sedalia (No. Bathwell Hosp)
2. FULL NAME John P. Chandler
(a) Residence, No. 409 N. Arg 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bulah Chandler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
32 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) mo 1

13. NAME John Chandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ind 2

15. MAIDEN NAME Alice Burton

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

17. INFORMANT Mrs. John P. Chandler
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 12/12/32

19. UNDERTAKER Illisipia Fun Home
(ADDRESS) Sedalia Mo

20. FILED 12-12-32 1932
J. L. LOVE
Registrar.

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1932
22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1932, to 12-9, 1932
I last saw him alive on 12-9, 1932. Death is said to have occurred on the date stated above, at 8.5 m.
The principal cause of death and related causes of importance were as follows:

Suppurative appendicitis
off peritonitis
Cardiac embolus
Other contributory causes of importance: _____

Name of operation Appendectomy Date of 12/29-32

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) J. P. Hepler, M. D.

(Address) Sedalia Mo

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.

