

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.

NOV 10 1933

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

Do not use this space.

32929

4 5 00

1. PLACE OF DEATH  
County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Gladys Chappelow  
(a) Residence, No. 822 N. Main St. 2 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. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 1 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Independence Mo.

MOTHER FATHER  
13. NAME Herschel G. Chappelow  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood Indiana  
15. MAIDEN NAME Lola Riley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

17. INFORMANT Herschel G. Chappelow  
(ADDRESS) 922 North Main St. Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Blue Spring Mo. DATE Oct 16, 1933

19. UNDERTAKER Dr. J. L. Cook  
(ADDRESS) \_\_\_\_\_

20. FILED Oct 16, 1933 Dr. J. L. Cook  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1933, to 10/14, 1933  
I last saw her alive on 10/12, 1933. Death is said to have occurred on the date stated above, at 11 p. m.  
The principal cause of death and related causes of importance were as follows:  
Marasmus  
Atrophy  
Malnutrition

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Dr. J. L. Cook M. D.  
(Address) 10302 Independence Mo.

