

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. 3838
Registered No. 13
St. _____ Ward _____

2. FULL NAME

John Ruby Chappell

(a) Residence No. 600 - 5th 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 M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 6 4

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) Pieris, City Missouri

13. NAME John Ruby Chappell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Missouri

15. MAIDEN NAME Anna Elizabeth Cooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pieris City Missouri

17. INFORMANT (ADDRESS) Ma. G. P. Bidwell Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pieris City DATE 2-28-1934

19. UNDERTAKER (ADDRESS) Callaway Monett Mo

20. FILED 2-27-1934 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14th 1934 to Feb 25th 1934
I last saw him alive on Feb 5th 1934 - Death is said to have occurred on the date stated above, at 5:37 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
82
17-1934

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Feb 25 1934
What test confirmed Cholecystectomy

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Feb 25 1934
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? No.
If so, specify _____
(Signed) L. G. Miller, M. D.
(Address) Monett, Mo.

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.

