

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

Do not use this space.

SEP 21 1936

30152

**1. PLACE OF DEATH**

County Cape Girardeau

Registration District No. 128

Township

Primary Registration District No. 3009

City Cape Girardeau

S. C. M. Hospital

File No. \_\_\_\_\_  
Registered No. 276  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Frances Veneal Chapple

(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 8/2, 1936, to 8/5, 1936  
I last saw her alive on 8/4, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1923

The principal cause of death and related causes of importance were as follows:  
Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 8 66

PERITONITIS  
12/21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

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.

Other contributory causes of importance:  
APPENDICITIS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyer County Mo

Name of operation Drainage Date of 8/2/36

13. NAME F. C. Chapple

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Clara May (St. Louis)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyer Mo

17. INFORMANT F. C. Chapple Wentzville Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Wentzville DATE 8/6 1936

19. UNDERTAKER (ADDRESS) Wentzville

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) Chapple, M. D.

20. FILED 8-2-36 J. M. Thompson Registrar.

(Address) Cape Girardeau

N. E.—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.

