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.

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

Do not use this space.

40550

DEC 18 1936

1. PLACE OF DEATH

County Calloway — Registration District No. 104 — File No.

Township — Primary Registration District No. 3008 — Registered No. 355

City Fulton (No. , St. Ward)

2. FULL NAME Mary Frances Chappell

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1851.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	6	16	

OCCUPATION

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

FATHER

13. NAME Reuben Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Mo

MOTHER

15. MAIDEN NAME Isabelle - DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson DATE May 29 1936

19. UNDERTAKER (ADDRESS) Dawson Tanner

20. FILED Nov 27 1936 R. N. Creus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Nov 25, 1936

I last saw her alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 5:15 pm

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

Bronchopneumonia — Date of onset 11/22/36

Other contributory causes of importance: senility

1070

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) E. E. Landes, M. D.

(Address) Fulton Mo.