

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

Do not use this space.

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1. PLACE OF DEATH
 County BUCHANAN Registration District No. 85
 Townshp WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. 1101 SOUTH 14TH ST. St. 110 Ward 2129)

2. FULL NAME ROBERT F. CHAPPELL
 (a) Residence, No. 1101 So. 14th St. 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simie Lavinia Chappel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... 0

12. BIRTHPLACE (CITY OR TOWN) CLINTON COUNTY
 (STATE OR COUNTRY) MISSOURI

FATHER
 13. NAME MITCHELL S. CHAPPELL

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) SOUTH CAROLINA

MOTHER
 15. MAIDEN NAME UNKNOWN SUSAN EVERETT

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN CLINTON COUNTY
 (STATE OR COUNTRY) MO

17. INFORMANT SUE CHAPPELL, DAUGHTER
 (ADDRESS) KANSAS CITY, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MEMORIAL PARK CE DATE JAN, 29, 1938.

19. UNDERTAKER FLEEMAN & SON, INC.
 (ADDRESS) 1946 COLHOUN ST., ST. JOSEPH, MO.

20. FILED 1/29 38 J. P. Mitchell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 27, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to Jan 27, 1938
 I last saw h. i. m. alive on Jan 27, 1938 Death is said to have occurred on the date stated above, at 11:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset 1927
Arteriosclerosis
 Other contributory causes of importance Bronchial Asthma

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physioid Was there an autopsy? no

23. If death was due to homicide, fill in also the following:
 Accident, suicide, or homicide? _____ State 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. FEB 21 1938

Manner of injury _____
 Nature of injury BUREAU OF VITAL STATISTICS
MO STATE BOARD OF HEALTH

24. Was disease or injury in any way of occupational nature of deceased? no
 If so, specify _____
 (Signed) J. P. Elliot M. D.
 (Address) 801 1/2 Francis St. St. Joseph, 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.

