

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.

SEP 15 1939

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

Do not use this space.

29586

1. PLACE OF DEATH

County Lewis

Township

City Canton

Registration District No. 477

Primary Registration District No. 4286

File No.

Registered No. 32

2. FULL NAME Charles Lee Chappell

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 (write the word)

Married

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

Zelma Jenkins

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

February 17, 1867

7. AGE

YEARS
72

MONTHS
3

DAYS
9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retired dry goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

merchant

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)

Canton, Missouri

FATHER

13. NAME

Marcus Lindsey Chappell

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

Kentucky

MOTHER

15. MAIDEN NAME

Sarah Jane Kurtz

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

Pennsylvania

17. INFORMANT (ADDRESS)

Eugene Chappell
Pittsburg, Penn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Canton, Mo.

DATE Aug. 29, '39

19. UNDERTAKER (ADDRESS)

Earl H. Barkley
Canton, Mo.

20. FILED

Aug 28, 1939

H. W. Harris M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Aug 19, 1939, to Aug 26, 1939

I last saw him alive on Aug 26, 1939. 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:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Cardiac Decompensation

Name of operation

None

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)

Harold H. Sullivan, M. D.
Canton, Mo

(Address)

RECEIVED

District Health Officer No. 10

District File Number 9-39-1107

Date Filed SEP 8 1939