

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

23335

File No.
Registered No. 842

2. FULL NAME Loren L. Chappelle
(a) Residence, No. St. Ward. Clarksdale, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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) Divorced,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idah Chappelle,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance,
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation. 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Missouri,

FATHER 13. NAME Benton Chappelle,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Missouri,

MOTHER 15. MAIDEN NAME Lou Roberts,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Missouri

17. INFORMANT (ADDRESS) Phil G. Hewitt 1014 Felix Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksdale, Mo. DATE July 21, 1934

19. UNDERTAKER (ADDRESS) Heaton Bepler & Bowman 319 So. 10th St. - Juniper Home

20. FILED 7-21-34 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1934
22. I HEREBY CERTIFY, that I attended deceased from July 17 1934 to July 20 1934
Last saw him alive on July 19 1934 Death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

Right inguinal hernia Date of onset
177A
111A / 2202
Other contributory causes of importance:
Hemorrhage
Bronchitis fulminans

Name of operation Hemiorrhaphy Date of 7-19-34
What test confirmed diagnosis? Was there an autopsy? yes

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) H. O. Lewis M. D.
(Address) St. Joseph, Mo.

1945

...

...

...

...

...

...