

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 23071
Registered No. 78

1. PLACE OF DEATH

County Muhlenburg
Vot. Prec. W. Buggels
Inc. Town _____Registration District No. 1093
Primary Registration District No. 6833City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME B. W. Chappell(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

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 _____

6. DATE OF BIRTH Oct 30, 18847. AGE Year 78 Months _____ Days _____ If LESS than 1 day hrs. or min.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, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Todd Co.13. NAME Jim Chappell14. BIRTHPLACE Todd Co.15. MAIDEN NAME Lucinda Williams16. BIRTHPLACE Port Union17. INFORMANT Lena Chappell(Address) White Plains 157. R 1

18. BURIAL, CREMATION, OR REMOVAL

Place Bruce Chappell Date 9-10, 193519. UNDERTAKER M. B. McDonald & Co.(Address) Greenville 157.20. FILED 9-10 B. P. Coulter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 9, 193522. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1935 to Sept 8, 1935I last saw him alive on Sept 9, 1935, death is said to have occurred on the date stated above, at 6:30 P. M.. The principal cause of death and related causes of importance in order of onset were as follows:Immunice

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) E. K. Hatt, M. D.(Address) Greenville 157.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.