New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dist. No. 2926 (To be inserted by registrar) Registered No. 3062

1 PLACE OF DEATH: STATE OF NEW YORK

County: Nassau
Town: North Hempstead
Village: Mineola,
City: ____ Ward
No.: Nassau Hospital St. (If a hospital or institution give its NAME instead of street and number)

Length of stay:
In hospital or institution ___ yrs. ___ mos. 7 days
In town, village or city ___ yrs. ___ mos. ___ days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission)

State: New York
County: Nassau
Town: Hempstead
Village or City: Hempstead
No.: 72 Botsford Street St.
Is residence within limits of city or incorporated village? Yes

2a Citizen of foreign country (alien)? no (Yes or no)
If yes, name country ____

3 Full Name: William Hogan Chappell / CHAPPELLE

4 (a) Social Security No.: No
4 (b) If Veteran, Name War: Spanish Am

5 Sex	6 Color or Race	7 Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

8 If married, widowed or divorced, Name of Husband (or) Wife: Ottilia Rodden Age if alive: 58 years

9 DATE OF BIRTH (month, day, year): March 3rd 1881

10 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
63	9	28	

11 Usual occupation: Policeman

12 Industry or business: ____

13 BIRTHPLACE (City or Town) (State or Country): Waterloo N.Y.

FATHER
14 NAME: George W. Chappell
15 BIRTHPLACE (City or Town) (State or Country): Seneca County N.Y.

MOTHER
16 MAIDEN NAME: Francis Strayde
17 BIRTHPLACE (City or Town) (State or Country): Seneca County N.Y.

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature: Mrs Ottilia Chappell
Address: 72 Botsford St. Hempstead N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U.S. [illegible] Cemetery Pine Lawn L.I. N.Y. DATE OF BURIAL: 1/3 1945

20 UNDERTAKER OR PERSON IN CHARGE (Signature): Robert J. Hartnett
ADDRESS: Hempstead N.Y.
UNDERTAKER'S License No. 5642

21 Date received: [JAN] 2 - 1945, 19__ Signature of Registrar or Subregistrar: Dwight H. Hunt

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year): December 31, 1944

23 I HEREBY CERTIFY, That I attended deceased from December 24, 1944, to December 31, 1944
I last saw him alive on December 31, 1944
To the best of my knowledge, death occurred on the date stated above, at 12.10 P.m. EWT

Immediate cause of death: Hemorrhage from esophageal varices — Duration of condition: 7 dys.
Due to: Cirrhosis of liver — Duration of condition: 5 yrs.
Due to: ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings:
Of operations ____ Date ____
Of autopsy ____

PHYSICIAN: Underline the cause to which death should be charged.

What laboratory test was made? ____

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

25 Signature: [illegible] M.D.
Address: 225 First Street Mineola Date: 12/31/44

Burial or Transit Permit issued by: Dwight H. Hunt Date of issue: JAN 2 - 1945