

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

PLACE OF DEATH
County Scott

Township _____

or

Village _____

or

City Sikeston (NO. _____)

Registration District No. 821

File No. 11230

Primary Registration District No. 11333

Registered No. 21

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Russ Hades Applegate

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH March 5, 1844
(Month) (Day) (Year)

AGE 69 yrs. 11 mos. 25 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Farming

BIRTHPLACE
(City or town, State or foreign country) Indiana

PARENTS:
NAME OF FATHER Stephen Applegate
BIRTHPLACE OF FATHER Indiana
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Sarah Bakio Mudge
BIRTHPLACE OF MOTHER Indiana
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. H. L. Smith

(ADDRESS) Sikeston Mo.

Filed Mar. 13, 1914 J. A. Miles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 9, 1914, to March 10, 1914, that I last saw him alive on March 10, 1914, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:
Apoplexy
821 A
167

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Old age

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) P. M. Mahan M. D.
March 14 (Address) Sikeston Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 45 yrs. ____ mos. ____ ds. In the State 69 yrs. 11 mos. 25 ds.

Where was disease contracted if not at place of death?

Former or usual residence Scott Co. Mo.

PLACE OF BURIAL, OR REMOVAL Scott Co. Mo. DATE OF BURIAL March 13, 1914

UNDERTAKER J. B. Allerton ADDRESS Sikeston Mo.

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City _____

(NO.

Primary Registration District No. _____

Registration District No. _____

File No. _____

Registered No. _____

St. _____

Ward _____

(If death occurs
hospital or in
give its NAME
of street and no.

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
-----	---------------	---

DATE OF BIRTH _____

(Month) _____, 191____, (Day) _____, (Year) _____

AGE	IF LESS than 1 day, ____ hrs. or ____ min.?
-----	---

OCCUPATION

(a) Trade, profession, or
particular kind of work _____(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

BIRTHPLACE

(City or town,
State or foreign country) _____NAME OF
FATHERBIRTHPLACE
OF FATHER

(City or town, State or foreign country) _____

MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER

(City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____

191____,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) _____, (Day) _____

I HEREBY CERTIFY, that I attended deceased

_____, 191____, to _____,

that I last saw h_____ alive on _____,

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

(Duration) _____ yrs. _____ mos.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos.

(Signed) _____

_____, 191____, (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes:
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT
RECENT RESIDENTS)At place
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos.Where was disease contracted
if not at place of death? _____Former or
usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS