

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

Do not use this space.

21814

AUG 17 1927

1. PLACE OF DEATH

County Laclede Registration District No. 449
 Township Washington Primary Registration District No. 3012
 City (No.) St. Ward
 File No.
 Registered No. 1378

2. FULL NAME

Annis Appling
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Laclede Co.
 (STATE OR COUNTRY)

10. NAME OF FATHER Peter Morley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

14. INFORMANT H. M. Appling
 (Address) Russ mo

15. FILED 7/14 1927 J. M. Bellinger
 REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to July 10, 1927, that I last saw her alive on July 9, 1927, and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
90% (duration) 3 yrs. 10 mos. 2 ds.
 CONTRIBUTORY age and Excess
 (SECONDARY) (duration) 0 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
 (Signed) J. H. Carey, M. D.
 , 19 (Address) Liberty Cem

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Cem DATE OF BURIAL 7/12 1927

20. UNDERTAKER Gulmer ADDRESS Lebanon Mo.

N. B.—Every item of information should be carefully checked and applied. 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.

