JAN 5 1928

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

Do not use this space.

34104

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 305

City Hannibal (No. 1007 Center St. St. Ward)

2. FULL NAME Mary C. League

(a) Residence. No. 1007 Center St 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fenmale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. League

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1834

7. AGE: 93 YEARS — MONTHS: 3 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Uniontown (STATE OR COUNTRY) Maryland

PARENTS

10. NAME OF FATHER Isaac Appler

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

12. MAIDEN NAME OF MOTHER Judith Winters

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

14. INFORMANT Cora B. League (Address) 1007 Center St.

15. FILED Nov 17 1927 C E Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 6, 27 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1927, to Nov 6, 1927 that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 5:40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Malnutrition & Senility

16 yr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF Nov

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Schultz, M. D

, 19 (Address) Hannibal Mo

*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: Mount Olivet — DATE OF BURIAL: II/8 27

20. UNDERTAKER: Wm. M. Smith — ADDRESS: Hannibal