

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

Do not use this space.

37260

1. PLACE OF DEATH

City *Joplin*
Township *Joplin Mo.*
City *Joplin Mo.* (No. _____)

Registration District No. *H11*
Primary Registration District No. *2002*

File No. _____
Registered No. *597*
St. _____ Ward _____

2. FULL NAME

Miss Beatrice Elva Applegate
(a) Residence. No. *5-20 McKinley* Ward _____
(Usual place of abode)

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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 15-1907*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
20 9 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Galena*
(STATE OR COUNTRY) *Kansas*

10. NAME OF FATHER *Charles Applegate*

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

12. MAIDEN NAME OF MOTHER *Ethel Weston*

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

14. INFORMANT *Mrs. Ethel E. Applegate*
(Address) *520 McKinley*

15. FILED *12/27/27* 19*27* *Dr. A. Benson Clark*
126 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 25 1927*

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: *Pulmonary TB*
32A

CONTRIBUTORY (SECONDARY) *31* (duration) *1* yrs. *6* mos. *-* da.

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

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____ X

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
(Signed) *Dr. Benson Clark*, M. D.
12/26, 1927 (Address) *Joplin 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL *Dick Hill Cem* DATE OF BURIAL *12/27 1927*

20. UNDERTAKER *Frank-Sierros Co* ADDRESS *Joplin, Mo*

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.

THIS IS A PERMANENT RECORD

JAN 1 1928

