MAR 16 1928

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

Do not use this space.

4194

File No. .....

Registered No. 28

1. PLACE OF DEATH

County: Butler — Registration District No.: 89

Township: Poplar Bluff — Primary Registration District No.: 5131

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Appleby

(a) Residence. (Usual place of abode) No. Poplar Bluff, Mo. R 3 St., ... Ward. ..... (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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavina Caroline Knotts Appleby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11-1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	6	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Appleby

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Clara Harawood (Address) Poplar Bluff, Mo. R #3

15. FILED 2-27-1928 W. S. Bailey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 24, 1928, that I last saw h. alive on Jan 5, 1928, and that death occurred, on the date stated above, at 1:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1a Influenza.

1b

(duration) ..... yrs. ..... mos. 42 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alfred Flowe, M. D

2-27-, 1928 (Address) Poplar Bluff

*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: Woodlawn Cemetery — DATE OF BURIAL: Feb 25 1928 2:30

20. UNDERTAKER: A. W. Greer — ADDRESS: Poplar Bluff, 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.