

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

Do not use this space.

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**1. PLACE OF DEATH**

County Laclede  
Township Lebanon  
City Lebanon (No. ....)

Registration District No. 449  
Primary Registration District No. 4247

File No. 9570  
Registered No. 1457  
St. .... Ward)

**2. FULL NAME**

Martha Emma 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of L. Appling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>69</u>	<u>11</u>	<u>5</u>	<u>5</u>	<u>5</u>

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTY) New York Pennsylvania

**10. NAME OF FATHER**

John Miller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTY) New York Pennsylvania

**12. MAIDEN NAME OF MOTHER**

Elizabeth Miller

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTY) New York Pennsylvania

**14. INFORMANT**

(Address) Lebanon Mo 64506

**15.**

FILED 1928 J. W. Bellamy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1928, to 3/24, 1928  
that I last saw h. ex. alive on 3/24, 1928, and that death occurred, on the date stated above, at 5 - P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy  
970 B  
82 H  
(duration) ✓ yrs. ✓ mos. ✓ da.

CONTRIBUTORY Chronic Endocarditis (SECONDARY)  
(duration) ✓ yrs. ✓ mos. ✓ da.

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

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓  
(Signed) Jno. D. Mander, M. D.  
3/24, 1928 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Baker Cemetery DATE OF BURIAL 3/26 1928

20. UNDERTAKER Holman Stewart ADDRESS Lebanon Mo

