22 1928

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

Do not use this space.

34212

1. PLACE OF DEATH

County Mercer — Registration District No. 556

Township — Primary Registration District No. 432

City Princeton (No. ..... St. ..... Ward)

File No. .....

Registered No. 160

2. FULL NAME Myrtle Applegate

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jack applegate.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 25, 1880

7. AGE — YEARS: 48 — MONTHS: — DAYS: 2 — IF LESS than 1 day, ... hrs. or ..... min.

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): Mercer County

(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: James Mason

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mary Georges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tenn

(STATE OR COUNTRY)

14. INFORMANT: Charles Applegate

(Address) Princeton Mo

15. FILED 10/28, 1928 — J M Perry — REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1928 to Oct 27 1928 that I last saw h.... alive on Oct 27 1928, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia on both Lungs - lower lobes.

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY): Anuria

(duration) 12 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) C. K. Elles, M. D

10/27, 1928 (Address) Mercer 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: Ellen Cemetery — DATE OF BURIAL: Oct 28 1928

20. UNDERTAKER: Hall Mort — ADDRESS: Princeton Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.