

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

Do not use this space.

5210

1. PLACE OF DEATH  
 County Vermont Registration District No. 875  
 Township Washington Primary Registration District No. 6162  
 City Nevada (No. ....) St. .... Ward ....

2. FULL NAME Tom B. Applewhite  
 (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 M. 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 Karna Applewhite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ____ hrs. or ____ min.
<u>30</u>	<u>11</u>	<u>16</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Tel. Operator  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Vaiden  
 (STATE OR COUNTRY) Miss.

10. NAME OF FATHER Tom B. Applewhite

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

12. MAIDEN NAME OF MOTHER Daisy Beasley

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

14. INFORMANT Mrs. Karna Applewhite  
 (Address) Vaiden, Miss.

15. FILED 42-1328 E. R. King  
2-22-1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 1-12-29

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/12/29 1928

17. I HEREBY CERTIFY, That I attended deceased from 6.26.28 to Jan 12 1929.  
 That I last saw him alive on Jan 12 1929, and that death occurred, on the date stated above, at 4-0 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza and broncho-pneumonia  
MIA  
107A (duration) yrs. mos. 9 da.  
 CONTRIBUTORY Manic-depressive psychosis  
 (SECONDARY) manic type (duration) yrs. 7 mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation  
 (Signed) ARTH P. Child, M. D.  
1-13, 1929 (Address) State Hospital #3

\*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 Vaiden, Mississippi DATE OF BURIAL Jan 16 1929

20. UNDERTAKER Allen J. Keys ADDRESS Nevada, 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.

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127  
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