

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

Do not use this space.

**1. PLACE OF DEATH**

County Jefferson  
Township Madison  
City St. Louis

Registration District No. 668  
Primary Registration District No. 3032

File No. 22242  
Registered No. 204  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 117 1/2 7th St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 3 17

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Thomas Apperson

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

12. MAIDEN NAME OF MOTHER Laura Inman

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

14. INFORMANT Joe Moffatt  
(Address) St. Louis

15. FILED 25, 1927 J. L. Love  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to June 27, 1929, that I last saw him alive on June 29, 1929, and that death occurred, on the date stated above, at 1:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General peritonitis from  
ruptured abdominal hernia  
admitted and operated  
in city of St. Louis

CONTRIBUTORY (SECONDARY) Chronic  
(duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chronic  
(Signed) Chas. W. S., M. D.

43, 1929 (Address) St. Louis

\*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 St. Louis DATE OF BURIAL June 29

20. UNDERTAKER Laughlin Bros ADDRESS St. Louis

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

