

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

Do not use this space.

obonon

13425

1. PLACE OF DEATH

County *New Madrid*
 Township *Lewis*
 City (No. *Ward*)

Registration District No. *274*
 Primary Registration District No. *6261*

File No. *13425*
 Registered No. *13425*
 St. *Ward*

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

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

Single

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

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

April 28 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *8* hrs. or *8* min.

8. OCCUPATION OF DECEASED

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

(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)

New Madrid

10. NAME OF FATHER

Morden Applewhite

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Coline Knott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14.

INFORMANT (Address)

John B. L. L. L.

15.

FILED

Apr 28 1930

E. E. Jones

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4/28 1930

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dead with or without attention - probably "Colitis"

CONTRIBUTORY (SECONDARY)

119B 11316

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. H. H. H.* M. D.
 , 19 (Address) *C. Smith*

*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

DATE OF BURIAL

Rayon Cemetery

4/29 1930

20. UNDERTAKER

J. H. Hill

ADDRESS

S-13425