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

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.

FEB 18 1931

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

Do not use this space.

85

200

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 14
Township — Primary Registration District No. — Registered No.
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Frank Applegate,
(a) Residence. No. St., Ward. Troy, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 hr ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 18, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	15	10	15	

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

9. BIRTHPLACE (CITY OR TOWN) Little Rock,
(STATE OR COUNTRY) Arkansas,

PARENTS
10. NAME OF FATHER George Applegate,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forbes,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Ida Engle,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Michigan,

14. INFORMANT Geo. Applegate
(Address) Troy, Kansas.

15. FILED JAN 5 1931, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from Jany 3, 1931, to Jan 3, 1931, that I last saw him alive on Jan 3rd, 1931, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage
184
103
(duration) 3 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gun shot wound of chest & lung accidental while hunting in country
(duration) yrs. mos. ds.

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) H B Forgrave M. D.
Jan 3, 1931 (Address) 520 Francis St Joseph

*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
Troy, Kansas via auto	Jan. 5, 1931
20. UNDERTAKER	ADDRESS
Heaton, McGale & Bowman Funeral Home	319 S. 10 St.