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

Do not use this space.

41636

File No.

Registered No.

1. PLACE OF DEATH
County Montgomery Registration District No. 692
Township Primary Registration District No. 4250
City Montgomery (No. , St. Ward)

2. FULL NAME James R. Appling

(a) Residence, No. St., Ward.
(Usual place of abode) Life (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 th 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Official
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County

FATHER
13. NAME Thomas Appling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

MOTHER
15. MAIDEN NAME Laura Brayhton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

17. INFORMANT (ADDRESS) Miss Ara Appling Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville DATE 23-12-1931

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED 1-10-1931 W. J. Bentley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Dec 22, 1931.
I last saw him alive on Dec 21, 1931. Death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
10 (A) Acute Bronchitis	12/13/31
97 106 A	
Other contributory causes of importance: Senile Arteria-Sclerosis	3 yrs ago

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. W. Smalley, M. D.
(Address) Montgomery City 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD