

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.

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

L. E. Cooper
Do not use this space.

1974

1. PLACE OF DEATH

78 County *Pemiscot*
Township *Highland*
City *Quincy* (No. _____)

Registration District No. *651*
Primary Registration District No. *5863*

File No. _____
Registered No. *8*
St. _____ Ward _____

2. FULL NAME

Clavel Appleton
(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 *23* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *ow* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clavel Appleton*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-17-1908*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
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) *Oct 1931*
11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Taylor Mo*

13. NAME *Giddie Appleton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Taylor Mo*

15. MAIDEN NAME *Matthie King*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Taylor Mo*

17. INFORMANT *William Holt*
(ADDRESS) *Taylor Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *oro 8 cem* DATE *1-5-32*

19. UNDERTAKER *W. E. Cooper*
(ADDRESS) *St. Louis*

20. FILED *Jan. 11 1932* *Ada Martin*

Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-4*, 19*32*

22. I HEREBY CERTIFY That I attended deceased from

Nov 1, 19*31*, to *Jan 3*, 19*32*

last saw him alive on *Jan 3*, 19*32* Death is said

to have occurred on the date stated above, at *602 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

23A

Other contributory causes of importance:

1

Name of operation _____ Date of _____

(What test confirmed diagnosis? *Tuberculin* 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) *L. E. Cooper*, M. D.

(Address) *Caster, Mo*

