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

Do not use this space.

30026

File No.

Registered No. 252

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. , St., Ward)

2. FULL NAME Sarah Ellen Appleby

(a) Residence. No. 724 E 3 St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

OCT 28 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Herman Appleby.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1855 (?)

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
7 6	2	11	

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

9. BIRTHPLACE (CITY OR TOWN) Ports Mouth Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Cazzell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Wamsley.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT J. K. Morrison
(Address) Sedalia Mo.

15. FILED 9-27 1932 L. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1932.

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to Sept 26, 1932, that I last saw her alive on Sept 26, 1932, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Nephritis and Organic heart trouble - Mitral regurgitation.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arthritis deformans

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D

, 19 (Address) Sedalia, Mo

*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 Crown Hill — DATE OF BURIAL 9/28 1932

20. UNDERTAKER McLaughlin Bros — ADDRESS Sedalia Mo