

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

Do not use this space.

32937

1. PLACE OF DEATH

70 County Montgomery Registration District No. 592
 5 Township Montgomery Primary Registration District No. 4250
 2 City City (No.) (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

Sarah Elisabeth Appling
 (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 43 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Wm Appling
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 12
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife.
 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 Co. 1

13. NAME John Painter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

15. MAIDEN NAME Matilde Lahorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) H. Grace Appling Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE Oct-20-1932

19. UNDERTAKER (ADDRESS) Lee Beechey Wellsville Mo.

20. FILED 11-11 19 32 D. J. Beahm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 19 32

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Oct 27 19 32
 I last saw h. alive on Oct 26 19 32 Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:

Hemiplegia (cerebral hemorrhage)
30 A
40 D
 Other contributory causes of importance:
①
 Date of onset 1930

Name of operation none 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 E. W. Prusley
 (Signed) M. D.
 (Address) Montgomery City Mo.

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.

NOV 25 1932

