

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36478

1. PLACE OF DEATH
 20 County Montgomery Registration District No. 593
 4 Township Donnell Primary Registration District No. 4351
 3 City New Florence, Mo. (No. _____ St. _____ Ward _____)
 2. FULL NAME Flores mae 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 all his life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) New Florence (STATE OR COUNTRY) Mo.

13. NAME George Appleton

14. BIRTHPLACE (CITY OR TOWN) Nashville, Tenn. (STATE OR COUNTRY) _____

15. MAIDEN NAME Ida Mae Pollard

16. BIRTHPLACE (CITY OR TOWN) New Florence (STATE OR COUNTRY) Mo.

17. INFORMANT Ida Mae Pollard (ADDRESS) New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill Mo. DATE 11/4 1932

19. UNDERTAKER none (ADDRESS) _____

20. FILED 11/10 1932 James O. Helms M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1932

HEREBY CERTIFY, That I attended deceased from Oct. 30 1932 to Nov. 3 1932

I last saw him alive on Oct. 30 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Bronchial pneumonia

11A

107A

Other contributory causes of importance:

Influenza

Date of onset

Oct. 23, 1932

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 _____ 1932

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? _____

If so, specify _____

(Signed) James O. Helms M.D.

(Address) New Florence Mo.

