

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

Do not use this space.

2542

**1. PLACE OF DEATH**

74 County Nodaway Registration District No. 6251  
Township Polk Primary Registration District No. 5827  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. 10

**2. FULL NAME**

Eliza Applegate  
(a) Residence, No. 60 Superior Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Applegate  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-19-1852  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 1  
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife  
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1933  
22. I HEREBY CERTIFY, that I attended deceased from Nov 1932 to Jan 20 1933  
I last saw him alive on Jan 8 1933 Death is said to have occurred on the date stated above, at 7 P. M.

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

Cause of Stomach

Other contributory causes of importance:

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
13. NAME Thomas Frost  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England  
17. INFORMANT Mrs. Glen Thomas (ADDRESS) Clearmont Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Mo DATE Jan 21 1933  
19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marionville Mo  
20. FILED 1-21 1933 Mamie E. Clark Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Harvey Day M. D.  
(Address) Marionville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. **DO NOT SIGN.**

