

MAR 24 1934

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

Do not use this space

1880-4

## 1. PLACE OF DEATH

County MillerRegistration District No. 561Township SalinaPrimary Registration District No. 4330City Eldon (No. ....)

File No. ....

Registered No. 5

St. .... Ward. ....

2. FULL NAME Lucinda Apperson

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Apperson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 18567. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
77 2 278. Trade, profession, or particular kind of work done, as spinner, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.13. NAME James Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1117. INFORMANT (ADDRESS) Tom Apperson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Doolley Cem DATE 1-16-193419. UNDERTAKER (ADDRESS) Phillips Funeral Home  
Eldon, Mo20. FILED 1-16 1934 Belle Haynes  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 193422. I HEREBY CERTIFY That I attended deceased from 1/15 1934 to 1/15 1934I last saw her alive on 1/15 1934 Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Acute Dilatation of Heart Date of onset 1/15/34Other contributory causes of importance: 95%Name of operation 0 Date of 1/15/34What test confirmed diagnosis? Chinist 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) G. D. Walker M. D.(Address) Eldon Mo

