

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Hawaii
Township Prince
City (No.)

Registration District No. 376
Primary Registration District No. 4720

File No. 12679
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Annice C. Appleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1861
7. AGE YEARS 72 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill
10. Date deceased last worked at this occupation (month and year) Apr 14-34 11. Total time (years) spent in this occupation allty

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Wm. Appleman (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Central Burying DATE 4-17 193419. UNDERTAKER Wm. Oldaker (ADDRESS)20. FILED 4-16 1934 Wm. Appleman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14 193422. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at 2 P. m.

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

Cerebral Haemorrhage Date of onset 82A 11B 5 2A 1

Other contributory causes of importance:

Influenza Date of onset Name of operation Date of What test confirmed diagnosis? History Was there an autopsy? no23. 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? noIf so, specify (Signed) J. C. Richard Corone M.D.(Address) Harvard Co. Mass

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