

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Unionville
City Unionville (No.) St. Ward)

Registration District No. 718
Primary Registration District No. 6430

File No. 21525
Registered No.

2. FULL NAME

(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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh M. Applegate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1865

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
68 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Dec 1931 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam, Mo

13. NAME J. B. Agee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Vernon

15. MAIDEN NAME Jane Conatote

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Vernon

17. INFORMANT (ADDRESS) H. M. Applegate

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE June 8 34

19. UNDERTAKER (ADDRESS) Conatote Bros Co

20. FILED June 8 1934 H. W. Gilman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 1932 to June 6, 1934

I last saw him alive on Jan 11, 1934 Death is said to have occurred on the date stated above, at 4:47 p.m.

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

Fracture of hip, Jan 1932
1868
1940
1966
Other contributory causes of importance:
General debility
Result of above

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide at home Date of injury Jan 1932

Where did injury occur? Unionville, Putnam, Mo

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall while walking

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. W. Gilman M. D.

(Address) Unionville, 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.

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JUL 9 1934

