

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

Do not use this space.

SEP 14 1934

1. PLACE OF DEATH

County Christian Registration District No. 185
 Township Sparta Primary Registration District No. 5248
 City Sparta (No.) St. Ward)

File No. 28667
 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 Mack Applegate
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Homework
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1934
 17. I HEREBY CERTIFY, That I attended deceased from June 1st 1934 to Aug 18th 1934 that I last saw her alive on Aug 17th 1934 and that death occurred, on the date stated above, at 11-45 p. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
 (duration) 4 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 23
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Phys. and
 (Signed) J. H. West, M. D.
 , 19 (Address) Sparta, Mo.

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Missouri
 PARENTS
 10. NAME OF FATHER Lewis Williams
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Douglas, Co
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Mary Goodnight
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Douglas, Co
 (STATE OR COUNTRY) Missouri

14. INFORMANT H. R. Stone
 (Address) Sparta Mo

15. FILED 9-8, 1934 Josephine Merritt
 REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Huffman Cemetery
Douglas, Co. Mo DATE OF BURIAL 8-19 1934
 20. UNDERTAKER Edwin Chabbin ADDRESS Sparta Mo

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.

