

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

NOV 20 1934

Do not use this space.

368847

1. PLACE OF DEATH

County Remick
Township Hayti
City (No. _____)

Registration District No. 653
Primary Registration District No. 5864

File No. 90
Registered No. 90
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hayti, Mo. h.f.b. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 <u>m</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1916 Aug. 31</u>		
7. AGE <u>18</u>	YEARS <u>1</u>	MONTHS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>forming</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>forming</u>
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1933</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glenallen Mo.</u>		
13. NAME <u>Dot Appleton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Witchess Mo.</u>		
15. MAIDEN NAME <u>?</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>		
17. INFORMANT <u>Auntie's</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cenosa</u> DATE <u>Oct 20, 1934</u>		
19. UNDERTAKER <u>Friends</u> (ADDRESS)		
20. FILED <u>10/29 1934 J. J. Rhodes</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934, to Oct 29, 1934
I last saw him alive on Oct. 20, 1934 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Advanced Pulmonary T. B.
338 2 2
17113 2 2
115 13
Other contributory causes of importance:
Tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Examination 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? _____
If so, specify _____
(Signed) At Shire, M. D.
(Address) Hayti, Mo.

