

FEB 27 1935

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

Do not use this space.

2307

1. PLACE OF DEATH

County Peru  
Township Little Prairie  
City Smithville (No. \_\_\_\_\_)

Registration District No. 651  
Primary Registration District No. 4388

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Rosie Applewhite

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Samuel Applewhite</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-8-1895</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>0-15</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1935</u>		
11. Total time (years) spent in this occupation <u>8-1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missi</u>		
13. NAME <u>Benson Anglin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missi</u>		
15. MAIDEN NAME <u>DK</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT (ADDRESS) <u>Samuel Applewhite</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithville, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>Eda Martin</u>		
20. FILED <u>Jan. 24 1935</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1935

22. HEREBY CERTIFY, That I attended deceased from Jan. 19 1935 to Jan. 23 1935  
I last saw her alive on Jan. 19 1935. Death is said to have occurred on the date stated above, at 1 A.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset 1-13-35

Other contributory causes of importance:  
105

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. P. P. Jones, M. D.  
(Address) Smithville, Mo.

Registrar.

MAY 2 1950