

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.

JUN 1 8 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15489

1. PLACE OF DEATH

County AndrainRegistration District No. 26

Township

Primary Registration District No. 3002City Mayes, Mo. (No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Edna Maxine Applying
Montgomery City, Mo.

Ward.

Montgomery City, Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

6

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteSingle

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October - 17 - 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

12417

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

In School

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montgomery Co., Mo.

FATHER

13. NAME

Horace G. Applying

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

Montgomery Co., Mo.

MOTHER

15. MAIDEN NAME

Nittie Maxine Tappin

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

St. Charles, Mo.

17. INFORMANT

(ADDRESS)

Horace G. Applying
Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wellsville, Mo.

DATE

May 61935

19. UNDERTAKER

(ADDRESS)

J. W. Kuhn
Wellsville, Mo.

20. FILED

May 41935B. Pauke Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 4 - 1935

22. I HEREBY CERTIFY That I attended deceased from

April 27 1935 to May 4 1935I last saw him alive on May 3 1935 Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

MyocarditisBrain abscess

Other contributory causes of importance:

NoneName of operation Autopsy Date of 4/27/35What test confirmed diagnosis? None 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? No

If so, specify

(Signed) J. W. Kuhn M. D.(Address) Wellsville, Mo.

