

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

Do not use this space.

JUN 25 1935

17167

1. PLACE OF DEATH

County Miller

Registration District No. 561

Township Leadon

Primary Registration District No. 4330

City Leadon (No., St. Ward)

File No.

Registered No. 47

2. FULL NAME

John Alexander Apperson

(a) Residence No. St. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 25 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>7</u>	<u>15</u>	

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

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

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

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

13. NAME Mance Apperson

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

15. MAIDEN NAME Elizabeth (u.k.)

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

17. INFORMANT Tom Apperson (ADDRESS) Leadon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Doolin DATE May 12 1935

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Leadon Mo.

20. FILED 5-10 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to May 10 1935

I last saw him alive on May 9 1935 Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Branch Pneumonia

Date of onset

Other contributory causes of importance: Cancer lower lip

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?

If so, specify

(Signed) M. L. Allen, M. D.

(Address) Leadon 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.

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