

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

Do not use this space.

18687

1. PLACE OF DEATH

County Shannon
Township Birch Tree
City (No.)

Registration District No. 822
Primary Registration District No. 6021

File No.
Registered No. 3
St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julius Apitz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1852</u>		
7. AGE <u>82</u>	YEARS <u>10</u>	MONTHS <u>18</u>
If LESS than 1 day, hrs. min. <u> </u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</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>May April</u>	
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>John Alltop</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Cemetery 5/9 '35</u>		
19. UNDERTAKER (ADDRESS) <u>D. B. Shelby Birch Tree mo</u>		
20. FILED <u> </u> 19 <u>R. J. Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 1935, to May 8 1935
I last saw her alive on May 2 1935 Death is said to have occurred on the date stated above, at 7:22 a.m.
The principal cause of death and related causes of importance were as follows:
Injury from fall

Date of onset 4/26

Other contributory causes of importance:
Age

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
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) R. J. Davis M. D.
(Address) Birch Tree 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.

[Faint handwritten notes and markings are visible throughout the page, particularly along the right margin.]