

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.

AUG 20 1935

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

Do not use this space.

23952

1. PLACE OF DEATH
 County Demiseat Registration District No. 657
 Township Demiseat Primary Registration District No. 1863
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Loyce A. Appleton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 2 mos. 21 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant
 (Write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	2	21	

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jules, Mo.

13. NAME Clarence Appleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn.

15. MAIDEN NAME Bell Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak, Ark.

17. INFORMANT (ADDRESS) Clarence Appleton, Jules, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE #8 Cem. DATE July 18, 1935

19. UNDERTAKER (ADDRESS) Seaman Lumber Co., Steel, Mo.

20. FILED July 24, 1935 Lida Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY That I attended deceased from June 1, 1935 to July 17, 1935. I last saw him alive on July 17, 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Acute catarrhal jaundice (Date of onset _____)
Malaria (Date of onset _____)

Other contributory causes of importance: _____

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) L. G. Cooper, M. D.
 (Address) Coates, Mo.

