

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.

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Miller

Registration District No. 561

Township

Primary Registration District No. 4330

City Eldon

(No. _____)

St. _____

Ward _____

2. FULL NAME Samuel Jasper Apperson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(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

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mary Apperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

86

6

17

OCCUPATION

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

Carpenter
retired

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)

Missouri

FATHER

13. NAME Mance Apperson

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

Missouri

MOTHER

15. MAIDEN NAME Elizabeth Appen

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

Virginia

17. INFORMANT Paul Apperson
(ADDRESS) Eldon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dooley

DATE 2-10-36, 19

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Eldon, Mo.

20. FILED Feb. 9, 1936 Belle Haines
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-36, 19

22. I HEREBY CERTIFY, That I attended deceased from
Feb 8, 1936, to Feb 8, 1936

I last saw him alive on Feb 1, 1936 Death is said
to have occurred on the date stated above, at 7:30 PM

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

Chronic Hypertension

Date of onset
1930?

Other contributory causes of importance:

arteriosclerosis

1925

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) E. B. Shelton, M. D.

(Address) Eldon

