

NOV 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County NodawayRegistration District No. 618

Township

Primary Registration District No. 4369City Burlington Jct

(No. St. Ward)

File No. 38370Registered No. 112. FULL NAME Donald Eugene Appleman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFInfant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.0 (STILLBORN)

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Infant9. 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
occupation12. BIRTHPLACE (CITY OR TOWN) Burlington Jct
(STATE OR COUNTRY) Missouri13. NAME Doyle Appleman14. BIRTHPLACE (CITY OR TOWN) Skidmore
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Barbara Sharp16. BIRTHPLACE (CITY OR TOWN) Burlington Jct
(STATE OR COUNTRY) Missouri17. INFORMANT Doyle Appleman
(ADDRESS) Skidmore, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Place Maitland, Missouri DATE Oct 29, 193719. UNDERTAKER J R Hann
(ADDRESS) Burlington Jct Mo20. FILED Nov 19, 1937
J R Hann
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 193722. I HEREBY CERTIFY, That I attended deceased from
Oct 28, 1937, to Oct 28, 1937

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Stillborn
Premature bone growth

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) B. K. [Signature], M. D.(Address) Burlington Jct Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

