

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

28210
 Do not use this space.

1. PLACE OF DEATH

(a) County Chadron Registration District No. 26
 (b) Township Salt River Primary Registration District No. 3002 Registered No. 114
 (c) City Chadron (d) Street No. Chadron Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Dorothy Lou Appleby St. 114
Minneapolis, Mo. (Usual place of abode, if no street address, write county or city) (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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 8 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) Minneapolis
 13. NAME Arthur Appleby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis
 15. MAIDEN NAME Lucille Appleby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis
 17. INFORMANT (ADDRESS) Arthur Appleby
Minneapolis, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery DATE Aug 29 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph A. Mark
Montgomery, Ill.
 20. FILED Aug 29 1938 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938
 22. I HEREBY CERTIFY, That I attended deceased from 8-26-1938 to 8-29-1938
 I last saw him alive on 8-29-1938 Death is said to have occurred on the date stated above, at 1:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Tetanus
gash
 Date of onset _____
 Other contributory causes of importance:
Nail in foot.
 Name of operation Ys. rmy Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 8-20-1938
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Nail in foot Stepped
 Nature of injury on nail
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Frank J. Kelly M. D.
Mexico, Mo. (Address) 23

RECEIVED

District Health Officer No. 10

District File Number 10-38-119

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Edgar Boone Schlanter

or by

Registered Apprentice No. 158, working under my personal supervision.

Signed

Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery, Ala.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.