JUL 13 1939

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

Do not use this space.

23408

File No.

Registered No.

1. PLACE OF DEATH
County New Madrid Scott — Registration District No. 821
Township [illegible] — Primary Registration District No. 6070
City Sikeston (No. , St. Ward)

2. FULL NAME Albert Applewhite

(a) Residence, No. Sikeston St., Mo., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49			

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

FATHER
13. NAME Ned Applewhite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield, Miss

MOTHER
15. MAIDEN NAME Mandy Townsend
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona, Miss

17. INFORMANT (ADDRESS) Lone Applewhite Sikeston, 203 Ruth

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston, Mo DATE June 25 1939

19. UNDERTAKER (ADDRESS) Allen Bros Sikeston Mo

20. FILED 7-6 1939 Gus H Brevell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21- 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1939 to 6-24 1939
I last saw h[illegible] alive on 6-21- 1939 Death is said to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	6-7-39

Other contributory causes of importance:

Name of operation 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? 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) Howard A McClure, M. D.
(Address) Sikeston 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 2,
District File Number 739-20
Date Filed 7-11