

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.

OCT 16 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33295

Do not use this space.

## 1. PLACE OF DEATH

(a) County Putnam Registration District No. 718  
 (b) Township Unionville Primary Registration District No. 6430 Registered No. 34  
 (c) City Unionville (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

1420 Hugh Marshall Applegate  
 (a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Applegate  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1864  
 7. AGE YEARS 75 MONTHS 5 DAYS 20 11. LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Hardware  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired 10 years  
 10. Date deceased last worked at this occupation (month and year) Aug 1929 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Missouri

FATHER 13. NAME Nelson Applegate  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Eliza Breduell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethel Ohio

17. INFORMANT A. Stuckey  
 (ADDRESS) Unionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Sept 8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Comstock Bros Unionville Mo.

20. FILED Sept 8 1939 H. W. Gillman Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased for 8 or 10 days Sept 3-6 1939  
 I last saw him alive on Sept 3 1939 Death is said to have occurred on the date stated above, at 11:59 am.

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

Diabetes Mellitus Date of onset several years  
54

Other contributory causes of importance:

Pulmonary Edema 1939 Sept 5

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. H. Kahman M. D.  
 (Address) Unionville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1713

Date Filed OCT 3 1939

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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

....., or by J. W. Constock

Registered Apprentice No. 132....., working under my personal supervision.

Signed J. W. Constock

Licensed Embalmer No. 3891

P. O. Address Thionville Mo.

**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.**