

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.

11 1939

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

Do not use this space.

43237

1. PLACE OF DEATH

County De Kalb Registration District No. 238
Township Washington Primary Registration District No. 5360A
City Clarksdale (No. 100) St. Ward

File No.
Registered No. 43237
St. Ward

2. FULL NAME

Milton T Pappaluel
(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1936, 19 , to 12/5/39, 19 . I last saw him alive on 12/5/39, 19 . Death is said to have occurred on the date stated above, at 11 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1849
7. AGE YEARS 90 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (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) 1921 11. Total time (years) spent in this occupation

Aortic Insufficiency About 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russell Co. Kentucky

Other contributory causes of importance: g2k

FATHER 13. NAME William A Pappaluel

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

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

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)

MOTHER 15. MAIDEN NAME Mary Jane Walford

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

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

17. INFORMANT (ADDRESS) Susan E Pappaluel
Kambay City, Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Chapel DATE 12-7 1939

(Signed) D. L. Stephens, M. D.
237 (Address) Clarksdale, Mo

19. UNDERTAKER (ADDRESS) Clarksdale, Mo

20. FILED 12/17 1939 Mrs O. M. Davis Registrar

District No. 11,

District File No. 140-1824

Date Filed JAN 9 1940