

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.

FILED MAR 5 - 1939

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Allen
City North (No. 1)

Registration District No. 905
Primary Registration District No. 6216

File No. 8563
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 141 Mrs Mary E Appleby St. _____ Ward _____
(Usual place of abode) Genate mo

Length of residence in city or town where death occurred yrs. 1 mos. 5 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas Appleby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1866
7. AGE YEARS 73 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jonesville (STATE OR COUNTRY) Ohio

13. NAME Silas Boyson

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT E. G. Appleby (ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR OTHER PLACE Marionville, Mo. DATE Dec 9 1938

19. UNDERTAKER J. P. Brown & Son (ADDRESS) Marionville, Mo.

20. FILE North 130 19 38 A. L. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939 to death at 1939

I last saw him alive on Dec 5, 1939 Death is said to have occurred on the date stated above, at 1:58 p.m.

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

Broncho-pneumonia (primary) Date of onset Dec 4

Other contributory causes of importance: Chronic interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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. Bailey M.D.

(Address) Denver, Mo.

