

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.

FEB 16 1937

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

Do not use this space.

489

1. PLACE OF DEATH

County Carroll
Township Leslie
City Boyard (No. _____)

Registration District No. 133
Primary Registration District No. 5185

File No. 3
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Darrel Ray Appleberry
(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 24

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. Baby
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) Mo.

FATHER 13. NAME Frank Appleberry

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

MOTHER 15. MAIDEN NAME Swank

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

17. INFORMANT Frank Appleberry
(ADDRESS) Boyard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 1/26 1937

19. UNDERTAKER E. A. Dickerson
(ADDRESS) Boyard Mo.

20. FILED Jan 26 1937 Jamie Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 - 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 23 1937, to Jan 25 1937

last saw him alive on Jan 25 1937 Death is said to have occurred on the date stated above, at Boyard

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

Influenza Date of onset _____

Other contributory causes of importance: _____

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? Yes

If so, specify _____

(Signed) B. Hamilton Stetson, M. D.

(Address) Carrollton, Mo.

