

MAY 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County CarrollRegistration District No. 133File No. 12170Township LesliePrimary Registration District No. 5185Registered No. 8City Boyard (No.) St. Ward)2. FULL NAME Wesley Miles 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 male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1843

7. AGE

YEARS 91MONTHS 10DAYS 9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer

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) Missouri13. NAME William Appleberry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Isom16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama17. INFORMANT Luna Appleberry (ADDRESS) Boyard, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coloma DATE 4/29 193519. UNDERTAKER E. A. Duncison (ADDRESS) Boyard, Mo20. FILED 4-29 1935Gania Hinesman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 193522. I HEREBY CERTIFY, That I attended deceased from 1-1, 1934, to 4-27, 1935I last saw him alive on 4-25, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

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

Chc Myocarditis
Chc other respiratory
General arteriosclerosis

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?.....

If so, specify..... (Signed) H. B. Drouen, M. D.(Address) Carrollton, 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.

