

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

Do not use this space.

12847

1789

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Vineyard Park Hospital)

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

2. FULL NAME

Elmer W. Appleton
(a) Residence, No. 1109 Broadway St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) not known

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1932, to Apr. 28, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

I last saw him alive on Apr. 25, 1932 Death is said to have occurred on the date stated above, at P. m. 3:40

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 70

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

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

Uterus Carcinoma Date of onset 10-31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

of the bladder

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

105113

Other contributory causes of importance: Septic cystitis 1-15-32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known not known

Name of operation Cystotomy Date of 4-20-32

13. NAME not known

What test confirmed diagnosis? Biopsy Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known not known

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME not known

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known not known

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

17. INFORMANT H. P. Brantley (ADDRESS) 416 Seawall Blvd

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/30/32

Nature of injury _____

19. UNDERTAKER Stine & McPhee (ADDRESS) 3235 Witham Plaza

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED 4/20 1932 M. M. Crave Registrar.

(Signed) J. J. Sheldon, M. D.

(Address) Ray Campbell

115

Wc 7777

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

