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.

MAY 28 1932

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

Do not use this space.

13800

1. PLACE OF DEATH: 96 County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60 33 B — Registered No. 118
City Overland (No. Overland Hospital St. Ward)

2. FULL NAME James M Appleby
(a) Residence, No. 3650 Shenandoah St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Gavin Appleby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 17-1870
7. AGE: YEARS 62 — MONTHS 1 — 25 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hardware
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): St Louis Mo
FATHER
13. NAME: Wm Appleby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland
MOTHER
15. MAIDEN NAME: Annie Gavin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland
17. INFORMANT (ADDRESS): Mrs Henry Marquis 8635 Forest Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Apr 15 1932
19. UNDERTAKER (ADDRESS): Thos J Finnell 1519 S Grand Boulev
20. FILED: 4-14-1932 Nella Beary M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/12, 1932
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to ..., 19...
I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 9:16 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by automobile while a pedestrian on public highway 210 M	4/10/32
	2
Other contributory causes of importance: Concussion of the brain; Traumatism L/S of Back; Fractures of Life Ulna & Radius	4/10/32

(5)

Name of operation: None Date of —
What test confirmed diagnosis: Physical Sign & Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accident Date of injury: 4/10, 1932
Where did injury occur? St Johns Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Struck by automobile
Nature of injury: Concussion of the brain
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John S Powell, M. D.
(Address) Coroner St Louis County