

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

Do not use this space.

40653

1. PLACE OF DEATH

County hinn Registration District No. 499
Township Bucklin Primary Registration District No. 4301
City Bucklin (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

George Henry Applegate

(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 35 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 widowed (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1933, to Dec 3, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1859

I last saw h. i. in alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 1 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 9

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. laborer

Permanant Anemia
Hypostatic Pneumonia

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) July 1933 11. Total time (years) spent in this occupation 25

Other contributory causes of importance: 71A
101B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deile Iowa

13. NAME B.F. Applegate

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

15. MAIDEN NAME Eliza Emmett

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

17. INFORMANT B.F.C. Applegate (ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucklin DATE Dec 4, 1933

19. UNDERTAKER A.C. Herriman (ADDRESS) Bucklin, Mo.

20. FILED Jan 1, 1934 J. G. Cantwell Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Dr. C. G. Gear & Co.
(Address) Bucklin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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