

WHITE PLAINLY, WITH UNFAADING 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.

FEB 19 1935

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

Do not use this space.

1528
394

1. PLACE OF DEATH Jackson Registration District No. 399
County Kaw Township Kansas City City Kansas City (No. Wheatley Hospital)
2. FULL NAME Henry Appleton
(a) Residence, No. 2447 Brooklyn 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 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director
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) Missouri
13. NAME Jessie Appleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Carrie Appleton
2447 Brooklyn ave
18. BURIAL, CREMATION, OR REMOVAL Barksville Mo DATE 1928
19. UNDERTAKER Thos Appleton & Jones
(ADDRESS) 1600 E 11th St
20. FILED 1-236 1925 M M Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1935
22. I HEREBY CERTIFY That I attended deceased from Jan. 14 1935 to Jan. 25 1935
Last saw him alive on Jan. 25 1935 Death is said to have occurred on the date stated above, at 10:29 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset _____
Other contributory causes of importance: none
Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) J. O. Jones M. D.
(Address) 1831 Olive

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