

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

11748
Do not use this space.

1. PLACE OF DEATH **1939**

(a) County Nodaway Registration District No. 025
 (b) Township Polk Primary Registration District No. 5-8-27
 (c) or City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Albert Appleby
 (a) Residence, No. RR #2 Maryville Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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
 1. Mamie Young
 2. Killie Mahaley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>61</u>	<u>6</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as 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) near Elmo Mo

FATHER
 13. NAME Emerson Appleby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oswego N. Y.

MOTHER
 15. MAIDEN NAME Oliver Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) John Appleby
Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE March 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Prosser Funeral Home
Maryville Mo.

20. FILED 3-14-39 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I first saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 p. m.

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

Date of onset 3/10

Other contributory causes of importance: 16

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 3/10, 1939
 Where did injury occur? near Maryville Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. barn on farm

Manner of injury hanging
 Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. J. Humbert M. D.
 (Address) Crane Nodaway Co. Mo

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.

1 X 16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John W. Price....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John W. Price*.....
Licensed Embalmer No. *3229*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.