

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State ARIZONA State File No. 110
 Township _____ or Village _____ Registered No. 3
 City Phoenix No. Route 6, Box 922 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. or foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Robert Addison Appleby How long in State when death occurred? 2 yrs. _____ mos. _____ ds.
 (a) Residence: No. Route 6, Box 922 St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Jan. 2, 1938</u>	22. <u>July 37</u> 19 <u>37</u> to <u>Jan 2</u> 19 <u>38</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emma Mae Appleby</u>				I last saw him alive on <u>Jan 2, 1938</u> , death is said to have occurred on the date stated above, at <u>11:02 p.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 6, 1880</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>57</u>	Months <u>10</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset <u>24/38</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Other contributory causes of importance:	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____				What test confirmed diagnosis? <u>Cholera</u> Was there an autopsy? _____	
11. Total time (years) spent in this occupation _____				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.	
12. BIRTHPLACE (city or town) <u>Springfield</u> (State or Country) <u>Missouri</u>				Manner of injury _____ Nature of injury _____	
13. NAME <u>Wm. Egelton Appleby</u>				24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
14. BIRTHPLACE (city or town) <u>Springfield</u> (State or Country) <u>Missouri</u>				(Signed) <u>Clyde Parker</u> M. D. (Address) <u>1057 1/2 ...</u>	
15. MAIDEN NAME <u>Mary Jane Dysart</u>					
16. BIRTHPLACE (city or town) <u>Springfield</u> (State or Country) <u>Missouri</u>					
17. INFORMANT <u>Lella Louise & Wilma Jean Appleby</u> (Address) <u>1629 E. Palm Lane</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood</u> Date <u>1-5</u> , 19 <u>38</u>					
19. EMBALMER { License No. <u>727</u> Signature <u>Jude E. Warren</u> FUNERAL DIRECTOR <u>Grimshaw-Acton Mortuary</u> Address <u>334 West Monroe</u>					
20. Physician <u>Jan 3</u> , 19 <u>38</u> <u>James L. Johnson</u> Registrar					