

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Registrar's No. 8

COUNTY OF Fauquier

STANDARD CERTIFICATE OF DEATH

CITY OR PRECINCT NO. Arlington Precinct #2 Street East Division St

4200

Length of residence in city where death occurred 7 yrs. 11 mos. 28 days? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Edward Samuel Appleton

Residence: No. 804 Street East Division St If non-residence give city, or town and state.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Appleton

6. DATE OF BIRTH (month, day, and year) Jul 29, 1892

7. AGE 39 Years 10 Months 28 Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Serial Officer
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

2. BIRTHPLACE (city or town) (State or country) Arlington Tex

13. NAME J F Appleton

14. BIRTHPLACE (city or town) (State or country) Don't know

15. MAIDEN NAME Judge

16. BIRTHPLACE (city or town) (State or country) Fauquier

17. INFORMANT Hugh M. Mason (Address) Arlington Tex

18. BURIAL, CREMATION, OR REMOVAL Place Arlington County Date Jan 28, 1932

19. UNDERTAKER Mass Funeral Home (Address) Arlington Tex

20. FILE DATE AND SIGNATURE OF REGISTRAR JAN 28 '32 W. C. Dalby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan, 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932 to Jan 27, 1932

I last saw him alive on Jan 27, 1932; death is said to

have occurred on the date stated above, at 3:15 P m.

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

apoplexy
Jan 27, 32

Date of onset

Other contributory causes of importance:

Name of operation ✓ date of _____

What test confirmed diagnosis? apoplexy 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. J. M. H. H. H. M. D.

(Address) Arlington Tex

