

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

Do not use this space.

31898

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **1046 Theobald Ave**) St. .... Ward .....

File No.....  
Registered No. **9262**  
St. .... Ward .....

**2. FULL NAME**

**Thomas H. Maycock**

(a) Residence. No. **1046 Theobald Ave** St., **8** 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 <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mabel Maycock</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Apr 2 - 1870</b>		
7. AGE	YEARS <b>57</b>	MONTHS <b>6</b>
	DAYS <b>13</b>	IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Insurance agent**

(b) General nature of industry, business, or establishment in which employed (or employer) **Maycock**

(c) Name of employer **Metropolitan L. Inc.**

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **MO**

10. NAME OF FATHER **Thomas Maycock**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **England**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Ann Peyton**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **England**  
(STATE OR COUNTRY)

14. INFORMANT **Mabel Maycock**  
(Address) **1046 Theobald Ave**

15. FILED **OCT 18 1927** **Mar. G. Sturloff**  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 15 1927**

17. I HEREBY CERTIFY, That I attended deceased from **January 2, 1926**, to **Oct 15, 1927** that I last saw him alive on **Oct 15, 1927**, and that death occurred, on the date stated above, at **8 P. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Carcinoma of Rectum -**  
**(Colostomy & operation)**  
**10/15/27** (duration) **2** yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **45** (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. T. Chopin**, M. D.  
**10/16, 1927** (Address) **8321 W. Bly -**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bethlehem Cemetery** DATE OF BURIAL **OCT-18 1927**

20. UNDERTAKER **Pullman Bros 17104 Grand Ave**  
ADDRESS

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.

