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

Do not use this space. 2697

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 1

Township..... Primary Registration District No. 1603 Registered No. 265

City St Louis Mo (No. Isolation Hospital St. Ward)

2. FULL NAME Douglas Maple

(a) Residence. No. 1525 N 8th St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	16	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Earl Maple
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Norway
12. MAIDEN NAME OF MOTHER Dempsey Fisk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT George H. Garrison
(Address) Isolation Hosp.

15. FILED JAN -8 1928 Marie Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927 to Jan 6, 1928 that I last saw him alive on Jan 6, 1928, and that death occurred, on the date stated above, at 4:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis 107A (duration) 0 yrs. 0 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
Secondary (duration) 0 yrs. 0 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1525 N. 8th

Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) George H. Garrison, M. D.
, 19 (Address) Isolation Hospital

*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 Doniphan Mo. DATE OF BURIAL Jan 9 1928

20. UNDERTAKER E. J. Schnur ADDRESS 3125 Lafayette Av

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.