

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

Do not use this space.

5898
Bishop
File No.
Registered No. 45

MAR 21 1928

1. PLACE OF DEATH *Petta*
 County Registration District No. 665
 Township *Petalia* Primary Registration District No. 3032
 City *Petalia* (No. *General Hospital*) St. Ward)
 2. FULL NAME *Powell H Maupin*
 (a) Residence. No. St. 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 19-1877*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 2 23 =
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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*
 10. NAME OF FATHER *Milton Maupin*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
 12. MAIDEN NAME OF MOTHER *Blond Kinn*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

14. INFORMANT *Mrs. P H Maupin*
 (Address) *Sedalia Mo*
 15. FILE NO. *2-21, 1928* *J.S. Lova*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 12 1928*
 17. I HEREBY CERTIFY That I attended deceased from *Feb 6* 1928 to *Feb 12* 1928 that I last saw him alive on *Feb 11* 1928, and that death occurred, on the date stated above, at *3 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic Interstitial Nephritis and Valvular heart trouble 1/3 Mitral Regurgitation 92H
 (duration) yrs. *6* mos. ds.
 CONTRIBUTORY (SECONDARY) *12901*
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? *+*
 19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF *+*
 WAS THERE AN AUTOPSY? *no*
 WHAT TEST CONFIRMED DIAGNOSIS? *Chemical findings*
 (Signed) *W Bishop*, M. D.
 , 19 (Address) *Sedalia Mo*

*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 *Sedalia Mo* DATE OF BURIAL *Feb 14 1928*
 20. UNDERTAKER *Lippin* ADDRESS *Sedalia*

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.

