1928 3170

AUG 2

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

Do not use this space.

23078

File No.

Registered No. 884

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Eugene Fry Mapes

(a) Residence. No. State Hosp #2 St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 22 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 (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan A. Mapes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1, 1868

7. AGE: Years 59 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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: John W. Mapes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

12. MAIDEN NAME OF MOTHER: Susanna Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Records State Hosp #2
(Address): St. Joseph Mo

15. FILED JUL 23 1928 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to July 22, 1928 that I last saw h~~e~~ alive on July 22, 1928 and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A F / 4 C
97 / 1
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) yrs. mos. ds. Not known

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. D. Cushing M. D
July 22, 1928 (Address) State Hosp #2 St. Jo 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: Sarcoxie Missouri — DATE OF BURIAL: July 24 1928

20. UNDERTAKER: Eleiman Funeral Home — ADDRESS: 1208 Francis

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.

[illegible] incl, T.