

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

Do not use this space.

43829

1. PLACE OF DEATH

County Jefferson Registration District No. 463

Township Princeton Primary Registration District No. 1286

City Houston (No. 35) St. Mo. Ward 34

File No. _____

Registered No. 34

St. _____ Ward _____

2. FULL NAME

Anna Laidley Maberly

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Frank Maberly

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

June 22 1877

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
56	6	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Keeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Carthage Mo

(STATE OR COUNTRY),

10. NAME OF FATHER

James M. Laidley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Nattie Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

Dale Maberly

(Address)

Houston

15. FILED

12-26-25

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 24 1928

17.

I HEREBY CERTIFY That I attended deceased from 11-14-, 1928, to 12-24-, 1928 that I last saw her alive on 12-24-, 1928, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
9/10/1401 (duration) yrs. mos. ds. 40 ds.
CONTRIBUTORY (SECONDARY) 1401 (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) E. B. Blumkin, M. D.

, 19 (Address) Houston 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

Bethel Cemetery

DATE OF BURIAL

Dec 26 1928

20. UNDERTAKER

Gaylord Villiot

ADDRESS

Carroll

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

