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

Do not use this space.

32775

OCT 24 1929

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: — Primary Registration District No. 3039

City: Nevada (No. ..... St. ..... Ward)

File No. ..... Registered No. 2-28

2. FULL NAME: Cecil Eugene Maple

(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	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): Sept. 9th 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coal mine 201 205

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): DK
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: W. E. Maple

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

12. MAIDEN NAME OF MOTHER: Lonella Harwood

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

14. INFORMANT: Homer Maple
(Address): Maudville Mo.

15. FILED 9-19-1929 E. R. King REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-15 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-14, 1929, to 9-15, 1929, that I last saw h. ~~him~~ alive on 9-11, 1929, and that death occurred, on the date stated above, at ..... a ..... p ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental
caught in machinery
at Coal mine

M ..... (duration) ..... yrs. ..... mos. 1½ ds.

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

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? No

(Signed) J. J. Hornbeck, M. D.

9-15 1929 (Address) Nevada, 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: Mound Cemetery — DATE OF BURIAL: Sept 16 1929

20. UNDERTAKER: Allen V Hays — ADDRESS: Nevada, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.