

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

Do not use this space.

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253
6
5344
#0180-A

1. PLACE OF DEATH

County Danvers Registration District No. 203 File No. 6
Township Narrison Primary Registration District No. 203 Registered No. 5344
City (No. _____) St. _____ Ward _____

2. FULL NAME

James Marion 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1929

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw deceased Dec. 17, 1929, and that death occurred, on the date stated above, at about 9 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found dead beside his door about 8:30 A.M. 130 Probably Apoplexy 827
(duration) _____ yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 9 29

CONTRIBUTORY (SECONDARY) High Blood Pressure Chronic Nephritis (duration) 5 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Day laborer on Farm (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer Orvil Hill Breckenridge

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Do not know DID AN OPERATION PRECEDE DEATH? No. DATE OF _____ WAS THERE AN AUTOPSY? Checked the body WHAT TEST CONFIRMED DIAGNOSIS His past history under my care (Signed) E. A. Thompson M. D.

9. BIRTHPLACE (CITY OR TOWN) Breckenridge, Mo. (STATE OR COUNTRY) _____

10. NAME OF FATHER Thomas Maupin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) A. S.

12. MAIDEN NAME OF MOTHER Martha Goodman

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

*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.

14. INFORMANT Della Wooley (Wife) (Address) Breckenridge, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trooper Cemetery DATE OF BURIAL Dec. 19, 1929

15. FILE Dec 10 1929 A. G. Winnick REGISTRAR

20. UNDERTAKER T. F. McPeak Breckenridge, Mo. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1957