

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

Do not use this space.

APR 28 1930

8082

1. PLACE OF DEATH

County Clay Registration District No. 197 File No. _____
 Township Madison Primary Registration District No. 15276 Registered No. 16
 City Maple Grove (No. Maple Grove Mo. 2013) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Box 37 Maple Grove 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
84 | 5 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home
 (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) Illinois

PARENTS
 10. NAME OF FATHER Harrison Converse
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vermont
 12. MAIDEN NAME OF MOTHER Mary Corva
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT (Address) Mrs. Maudie Taylor Box 37 Maple Grove Mo

15. FILED 3/27, 1930 G. P. Haagg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1930

17. I HEREBY CERTIFY, That I attended deceased from March 26 1930 to March 26 1930 that I last saw her alive on March 26 1930 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
of old age
 (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) Heart (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 none
 (Signed) W. C. Cuthbertson, M. D.
2-27, 1930 (Address) Cherry Grove

*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 DATED OF BURIAL
Edwood Cemetery 12 Mo 3/18 1930

20. UNDERTAKER F. O. Donnell Lawrence City Mo

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.

Di-Cultrite