OCT 28 1930

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

Do not use this space.

3

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13 — File No.: 29027

Township: — Primary Registration District No.: 4010 — Registered No.: 42

City: Savannah (No. Dr. Nichols Sanitorium St. ..... Ward)

2. FULL NAME Mrs Ellen Maupin

(a) Residence. No. ..... St., ... Ward. Marceline Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 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)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: wife of John W. Maupin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	Unk	Unk	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Frederick G. Speyerer

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

12. MAIDEN NAME OF MOTHER: Elizabeth Dilcomy

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

14. INFORMANT: John W. Maupin
(Address): Marceline, Mo

15. FILED: Sept 8 1930 — C. Jefferies Ma — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-6-1930

17. I HEREBY CERTIFY, That I attended deceased from 8-27-1930, to 9-6-1930, that I last saw her alive on 9-6-1930, and that death occurred, on the date stated above, at 2.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma left breast
56
(duration) 1 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Marceline Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Willard A. Stearns, M. D.

9-6-1930 (Address) Savannah 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	DATE OF BURIAL
Marceline, Mo	Sept 8 1930

20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah 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.