JAN 1 0 1931

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

Do not use this space.

35607-1

1. PLACE OF DEATH
County Christian
Township N. Linn
City Ozark Mo R.R. (No. ..... St. ..... Ward)

Registration District No. 184
Primary Registration District No. 5257

File No. .....
Registered No. 98.

2. FULL NAME Robert M. Mapes

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Nancy J. Mapes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	7	3	

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

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

PARENTS

10. NAME OF FATHER Henry J. Mapes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Mitchel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Tom Mapes
(Address) Ozark Mo. R.R.

15. FILED Dec 1 1930 Loretta Leonard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1930, to Oct 6, 1930 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 O'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bacillary Dysentery
Acute
13C
..... (duration) ..... yrs. 1 mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? microscopical effects
(Signed) R. R. Farthing, M. D
Nov 14, 1930 (Address) Ozark 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 Sparta Cemetry
DATE OF BURIAL Nov. 7th 1930

20. UNDERTAKER T. B. Chaffin
ADDRESS Ozark, Mo.