DEC 22 1930

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

Do not use this space.

35929

1. PLACE OF DEATH
County: Grundy — Registration District No.: 330
Township: — Primary Registration District No.: 3017
City: Trenton — No.: — St.: — Ward:

File No.:
Registered No.:

2. FULL NAME: Joseph Leon Mapey
(a) Residence. No.: R.7.D. St.: Ward: Trenton R.7.D.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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): April 10-1914

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
16	7	28	

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

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

PARENTS
10. NAME OF FATHER: Wilbur Mapey
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Pearl Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Wilbur Mapey
(Address): Hickory, Missouri

15. FILED: Nov 10 1930 — E. A. Duffy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 7 Oct, 1930, to 8 Nov, 1930 that I last saw h. alive on 8 Nov, 1930 and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ant. Poliomyelitis
16
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? Phys signs + finding
(Signed): E. A. Duffy, M. D.
9 Nov. 1930 (Address): Trenton 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: Shellbourne Cemetery — DATE OF BURIAL: Nov 10 1930
20. UNDERTAKER: Bern C. Davis #3216 — ADDRESS: Trenton 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.