

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

Do not use this space.

13. 36196

1. PLACE OF DEATH

County Gackson Registration District No. 399
 Township Franklin Primary Registration District No. 1002
 City St. C. Mo. (No. 1608, Campbell)

File No. 6032
 Registered No. 6032
 St. _____ Ward _____

2. FULL NAME

Mary Catherine Maas
 (a) Residence No. 1419 College St. 12 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adolph A. Maas</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 24 - 1907</u> | | | | |
| 7. AGE | YEARS <u>23</u> | MONTHS <u>9</u> | DAYS <u>18</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 12 - 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Attack
9517
179X

CONTRIBUTORY (SECONDARY) Local anaesthesia
for bursestomy (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Stanley W. Ayres M. D.
12 19 30 (Address) St. Charles

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

PARENTS

| |
|--|
| 10. NAME OF FATHER <u>Alva Cooper</u> |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN): _____ (STATE OR COUNTRY) <u>Mo.</u> |
| 12. MAIDEN NAME OF MOTHER <u>Nettie F. Warden</u> |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN): _____ (STATE OR COUNTRY) <u>Mo.</u> |

14. INFORMANT Adolph A. Maas
 (Address) 1419 College ave,

15. FILED 11/13, 1930 M. M. Crowe
Asst REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ballard - Mo. DATE OF BURIAL Nov-15 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS St. C. 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.

