

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.

MAR 25 1937

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

Do not use this space.

6036

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 417 File No. \_\_\_\_\_  
 11 Township \_\_\_\_\_ Primary Registration District No. 5561D Registered No. 15-  
 7 City Walt City (No. 3021) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jesse Mahurain  
 (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 Margaret Mahurain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 337

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Missouri

13. NAME (FATHER) Preston Mahurain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Ind.

15. MAIDEN NAME (MOTHER) Judith White

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

17. INFORMANT Myr Alma Parker (ADDRESS) Walt City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE 2/7 1937

19. UNDERTAKER Wobblin's Undert Co (ADDRESS) Walt City

20. FILED 77 19 31 N. M. Stormont Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1929, to Feb 5, 1937  
 I last saw him alive on Oct 23, 1930 Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
234  
1141 Pulsonic  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Poc. System Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Pulsonic  
 (Signed) Jesse E. Sangster, M. D.  
 (Address) Walt City

