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.

MAY 27 193

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

Do not use this space.

15291

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township ~~Wilson~~ — Primary Registration District No. 6430 — Registered No. 25
City Unionville (No. ..... St. ..... Ward)

86
4
2

2. FULL NAME Nancy Maples

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cyrus Maples

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23 1851

7. AGE: YEARS 79 — MONTHS 3 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Illinois 2

FATHER
13. NAME: John Pulliam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Rebbeca Likes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs E. E. Fife, Unionville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Church Cemetery DATE: April 19 1931

19. UNDERTAKER (ADDRESS): Comstock Mrs & Unionville, Mo

20. FILED: Apr 19 1931 J. H. Hahman, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18 1931

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1929, to April 18, 1931
I last saw her alive on April 17, 1931. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiolectasis—a sequel to Influenza (and in a sufferer from Chronic Bronchial Asthma)	4/11/31
11A	
106B	
107	

Other contributory causes of importance:

11A

1

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. & Lab. 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? No
If so, specify
(Signed) Benjamin E. Cobb, M. D.
(Address) Unionville Mo