

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

Do not use this space.

20559

1. PLACE OF DEATH
County Buchanan Registration District No. 81
Township Bloomington Primary Registration District No. 5-122
City (No. 2 Miles So. of DeKalb, Mo.) St. _____ Ward _____

2. FULL NAME Charles Maples,
(a) Residence, No. 2 M. So. of DeKalb, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1931

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

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

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) Buchanan County, (STATE OR COUNTRY) Missouri,

13. NAME William E. Maples,

14. BIRTHPLACE (CITY OR TOWN) Miller County, (STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Goldie Baker,

16. BIRTHPLACE (CITY OR TOWN) Pettis County, (STATE OR COUNTRY) Missouri,

17. INFORMANT William E. Maples (ADDRESS) R. F. D. # 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Ground, DATE June 27th, 1931

19. UNDERTAKER Heaton-Baylor-Bowman (ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 6/27 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Inanition due to Hare Gyp-Ample to nurse 159 157D
Date of onset _____
Other contributory causes of importance: premature birth

23. If death was due to external causes (violence), fill in also the following: Name of operation None Date of _____

What test confirmed diagnosis? History Was there an autopsy? No

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? _____

If so, specify _____

(Signed) B. W. Tadlock, Coroner

(Address) 821 Francis

EXACTLY. PHYSICIAN'S SIGNATURE AND OCCUPATION IS VERY IMPORTANT.
 INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

Country Richman Registration District No. 81 File No. _____
 Township Bloomington Primary Registration District No. 5122 Registered No. 4
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Charles maples
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

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

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS)

20. FILED June 27, 1931 W. M. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state in plain terms, so that it may be properly classified. FACTS STATEMENT OF OCCUPATION should be complete as prescribed by LAW.

EVERY DEATH SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THE DEATH IS A FATAL RESULT OF AN INJURY OR DISEASE.

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