

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Smith
City Smith (No.)

Registration District No. 903
Primary Registration District No. 6211

File No. 30402
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Martha J. Maudlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 6 11

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Joe Maudlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Stevenson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT (Address) James W. Maudlin

15. FILED Aug 15 1931 Ray R. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Aug 14 1931 that I last saw him alive on Aug 18 1931, and that death occurred, on the date stated above at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Neglects

29 5 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None 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

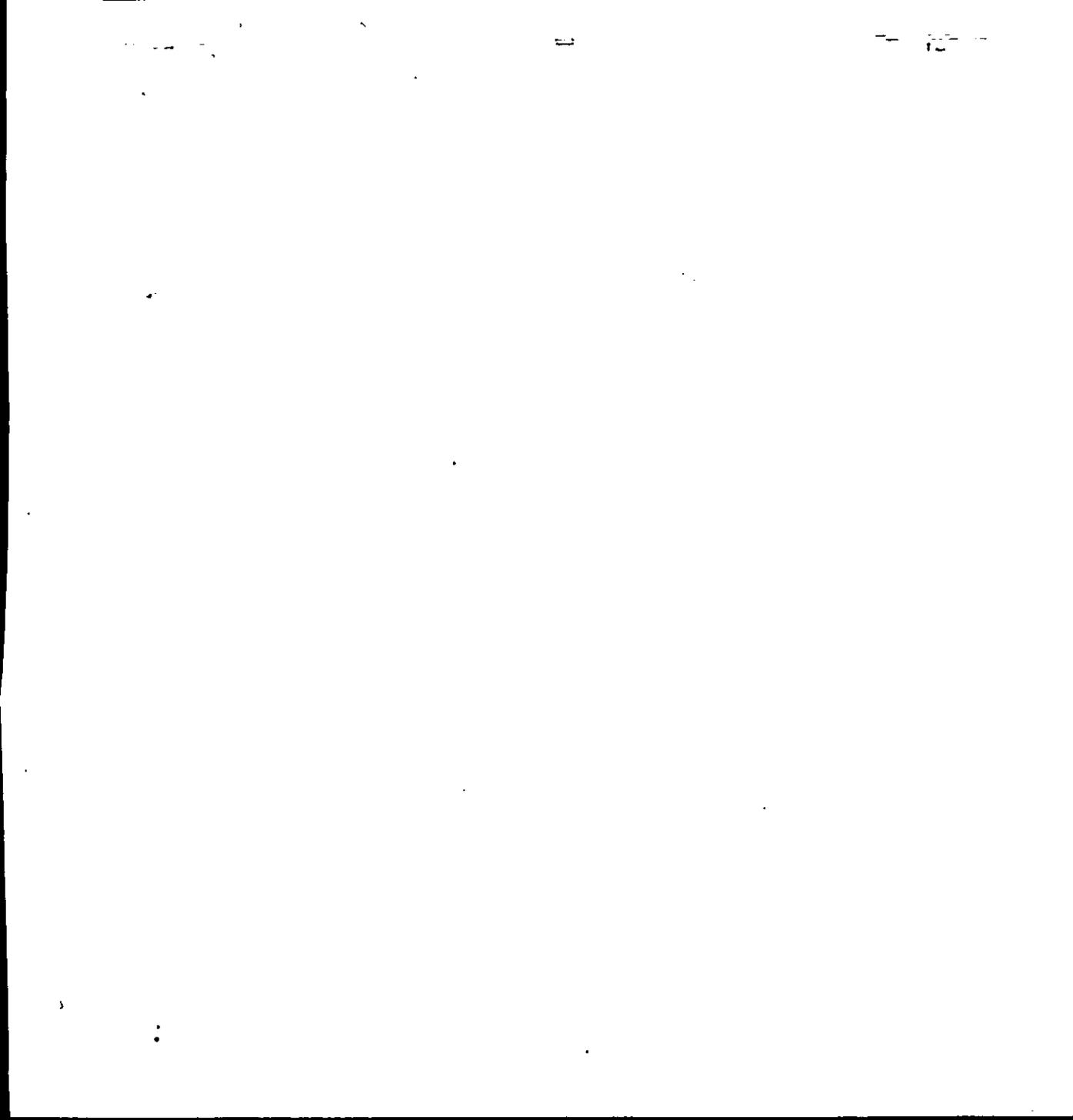
WHAT TEST CONFIRMED DIAGNOSIS? Blood & Urine Tests
(Signed) C. R. Buelington M. D.
, 19 31 (Address) Redding Iowa

*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 Middleport Cemetery DATE OF BURIAL 8/16/31

20. UNDERTAKER Arch C. Duffee ADDRESS Scott City

SEP 20 1931



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth Registration District No. 903 File No. _____
 Township Smith Primary Registration District No. 6211 Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 30 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) m

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

Martha J. Maudlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER

Joe Maudlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Stevenson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ill.
 (STATE OR COUNTRY)

14. INFORMANT James W. Maudlin

(Address)

15. FILED 10-10-31 John A. Curceus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 19 31

17. I HEREBY CERTIFY That I attended deceased from July 1 19 31 to Aug 14 19 31 and that I last saw him alive on Aug 14 19 31, and that death occurred, on the date stated, at 110 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diabetic myelitis

CONTRIBUTORY (SECONDARY) Diabetic Coma (duration) 3 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? Blood & urine tests
 (Signed) D. L. Gulletton, M. D.

10/10/31 (Address) Redding Iowa

*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 DATE OF BURIAL

Middlefork Cem. 8/16 19 31

20. UNDERTAKER ADDRESS

Arch C Dunsbee Grant City

SUPPLEMENTARY

5-30402