

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.

DEC 26 1931

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

Do not use this space.

**1. PLACE OF DEATH**

County St Charles Registration District No. 760  
 Township Fairmeane Primary Registration District No. 6001  
 City Stallan (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **38722**  
 Registered No. 177

**2. FULL NAME** Charles Maher

(a) Residence, No. Stallan 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. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR, OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____		
7. AGE	YEARS <u>7</u>	MONTHS <u>7</u>
	DAYS <u>—</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	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) Stallan Mo

FATHER 13. NAME Edgar Maher

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

MOTHER 15. MAIDEN NAME Tochtiap

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

17. INFORMANT Edgar Maher  
(ADDRESS) Stallan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stallan Mo. DATE Nov. 7 1931

19. UNDERTAKER Ed Keith  
(ADDRESS) Stallan Mo.

20. FILED 11/6 1931 J. M. Juchira Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1931 to Nov 5 1931  
 I last saw him alive on Nov 4 1931. Death is said to have occurred on the date stated above, at 5:00 A. M.

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

Cicite Entero-Cicite Date of onset Sept 29  
114B  
106A 119

Other contributory causes of importance:  
Cicite Bronchitis Oct 28

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) L. J. Juchira, M. D.  
 (Address) St. Fallon

