

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

Do not use this space.

41875

1. PLACE OF DEATH

County Pulaski Registration District No. 711
Township Union Primary Registration District No. 5840
City _____ (No. _____) St. _____ Ward _____

File No. 5
Registered No. 5

2. FULL NAME

John Jackson Mace
(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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>10</u>	<u>5</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>13 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>3A/3 1/2</u>	
	10. Date deceased last worked at this occupation (month and year) <u>13 5B</u>	

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

13. NAME John Mace

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

15. MAIDEN NAME Malinda Lane

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

17. INFORMANT (ADDRESS) George Mace
Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shenandoah DATE 12/27 1931

19. UNDERTAKER (ADDRESS) Fred H Gilbert
Shenandoah Mo

20. FILED 12/28 1931 A. S. Lutz Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to 12-26, 1931

I last saw him alive on 12-24, 1931. Death is said to have occurred on the date stated above, at 3 P. m. -

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

Pylitis & Cystitis Date of onset 10/31

Other contributory causes of importance: Enlarged Prostate

Name of operation _____ Date of _____
What test confirmed diagnosis? urine test 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?
If so, specify _____

(Signed) A. J. Crider, M. D.
(Address) Dixon, Mo.

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.

