

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

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3585

1. PLACE OF DEATH *North*
 County *Smith* Registration District No. *903*
 Township *Smith* Primary Registration District No. *0211*
 City (No.) St. Ward) *29*

2. FULL NAME *Newton Marcell Mauldin*
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *N* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 3 - 1867*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 8 28

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

9. BIRTHPLACE (CITY OR TOWN) *Washington Co*
 (STATE OR COUNTRY) *Ind 2*

10. NAME OF FATHER *Joel Mauldin*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Washington Co*
 (STATE OR COUNTRY) *Ind*

12. MAIDEN NAME OF MOTHER *Jessie Stephenson*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Washington Co*
 (STATE OR COUNTRY) *Ind*

14. INFORMANT *Edmund Mauldin*
 (Address) *Allegheny Ave No 2*

15. FILED *1-10-32* *John Andrews*
 REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 1 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 29*, 19*31* to *Jan 1*, 19*32* that I last saw him alive on *Dec 31*, 19*31*, and that death occurred, on the date stated above, at *5 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Coronary
460
610 B
950
asthma

CONTRIBUTORY (SECONDARY) *asthma* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF *0*

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Dr. Jullerton* M. D.
 110. 19. *52* (Address) *Walden, Ind*

*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 *Foots Groves* DATE OF BURIAL *1-7-32*

20. UNDERTAKER *Family* ADDRESS *Allegheny*

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.

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