

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

Do not use this space.

35-85-a

1. PLACE OF DEATH

County Monk
Township Smith
City (No.)

Registration District No. 900
Primary Registration District No. 6811

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Newton, M. 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. 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)

Married

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

Rudene Mauldin

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

1857, Apr 3

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>8</u>	<u>28</u>	

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)

Donk, Mo
Ind

10. NAME OF FATHER

Jed Mauldin

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

Donk, Mo
Missouri

12. MAIDEN NAME OF MOTHER

Stinson

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

Union
Illinois

14. INFORMANT (Address)

E. N. Mauldin
Allen Dale Mo

15. FILED

34, 1932 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 1, 1932

17. I HEREBY CERTIFY, That I attended deceased from

1, 1932 to Jan 1, 1932
that I last saw him alive on Jan 29, 1932, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperextension of head
caused by
carcinoma
of
46C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

745 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF..... (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. J. Fullerton, M. D.

1-1, 1932 (Address) Redding Ave

*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

Toots Grove 1-2, 1932

20. UNDERTAKER

ADDRESS

O. L. Scott Family Allen Dale

APR 30 1932

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.

