

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital, St. _____ Ward)

File No. 7431
Registered No. 229

2. FULL NAME Mollie Maughmer,

(a) Residence, No. _____ St. _____ Ward Rochester, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home, 235
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) Andrew County, Missouri

MOTHER 13. NAME Thomas Bowlin,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

15. MAIDEN NAME Mary Ann Maeder

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

17. INFORMANT (ADDRESS) George E. Maughmer, Rochester, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE March 9, 1932

19. UNDERTAKER (ADDRESS) The aton, P. Solo & Bowman, 319 S. 10th St., General Home

20. FILED 3-9-1932 John R. Bender Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932, to Mar 8, 1932
I last saw her alive on Mar 7, 1932 Death is said to have occurred on the date stated above, at 12:35 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
59
59 (1)
Other contributory causes of importance: Diabetic acidosis

Date of onset over 4 yrs ago
3-6-32

Name of operation None Date of _____
What test confirmed diagnosis? Lab. 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg, St. Joseph, 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.

APR 5 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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