

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

Do not use this space.

8067

**1. PLACE OF DEATH**

39 County Greene Registration District No. 918  
 3 Township Springfield, Mo. Primary Registration District No. 2901  
 5 City Springfield, Mo. Baptist Hospital St. Mo. Ward 186  
 2. FULL NAME A. H. Maiden  
 (a) Residence, No. Frederick Hotel St. Mo. Ward 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. 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 (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eloise Maiden  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 - 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 1 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel 233  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2100  
 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) Sparta Missouri  
 MOTHER 13. NAME Rich Maiden  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida  
 15. MAIDEN NAME Maitha Hale  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Mrs. Eloise Maiden  
 (ADDRESS) Frederick Hotel  
 18. BURIAL, CREMATION OR REMOVAL  
 PLACE Sparta, Mo. DATE March 7, 1937  
 19. UNDERTAKER William C. Bennett  
 (ADDRESS) Springfield, Mo.  
 20. FILED 3-17, 19 37 For Sharp  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937 to Mar 5, 1937  
 I last saw him alive on Mar 5, 1937 Death is said to have occurred on the date stated above, at 4 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolism (Date of onset)  
from thrombosed mesenteric veins at site of injury.  
Injury to illeum on upper part with adhesions to left abdominal wall (Anterior perforated by two stones) 215  
 Other contributory causes of importance:  
part with adhesions to left abdominal wall (Anterior perforated by two stones) 215  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 accident, suicide, or homicide? accident Date of injury 2-18, 1937  
 Where did injury occur? Clinton, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public Highway - auto accident  
 Manner of injury Car turned over  
 Nature of injury abrasion  
 24. Was disease or injury in any way related to occupation of deceased? No  
 Also, specify \_\_\_\_\_  
 (Signed) William J. Smith, M. D.  
 (Address) Springfield, Mo.

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.

APR 26 1937

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