

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

Do not use this space.

15791

1. PLACE OF DEATH

36 County Franklin
Township Maurel
City (No. _____)

Registration District No. 294
Primary Registration District No. V-418

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Maurine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 - 1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Unknown</u>		
MOTHER	13. NAME <u>Arthur Triplett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
	15. MAIDEN NAME <u>Margaret Massey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
17. INFORMANT (ADDRESS) <u>Ethel Frost</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral</u> DATE <u>7/12/32</u>		
19. UNDERTAKER (ADDRESS) <u>Mr Casey</u>		
20. FILED <u>7/11</u> 19 <u>32</u> <u>W. E. Kirk Lee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27 1932, to May 10 1932.
I last saw her alive on May 10 1932. Death is said to have occurred on the date stated above, at 8:30 P. M. 5-105-
The principal cause of death and related causes of importance were as follows:
Influenza
110
130 1/13
Other contributory causes of importance:
Acute nephritis 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Q. W. Parker, M. D.
(Signed) _____ (Address) Richwood 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.

68 2 1932

