

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

Do not use this space.

20041

1. PLACE OF DEATH *Linn*
 58 County Registration District No. *496*
 1 Township Primary Registration District No. *3027*
 7 City *Brookfield* (No.) St. Ward
 2. FULL NAME *Ide A. Mahaffey*
 (a) Residence, No. *322 S Main St.* Ward *4*
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. *1* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo. C. Mahaffey*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-2-1867*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *" "*
 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) *Weston Mo*
 FATHER 13. NAME *Anon Robbins*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know Ill*
 MOTHER 15. MAIDEN NAME *Don't know*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" Ill*
 17. INFORMANT (ADDRESS) *J. A. Mahaffey Brookfield Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Topeka, Kan.* DATE *6-30 1932*
 19. UNDERTAKER (ADDRESS) *P. W. Wheeler Brookfield Mo*
 20. FILED *6-30 1932* *W. E. Denton Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30, 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *June 11, 1932*, to *June 30, 1932*
 I last saw him alive on *June 30, 1932*. Death is said to have occurred on the date stated above, at *2:42 a.m.*
 The principal cause of death and related causes of importance were as follows:
Rabies, Pneumonia Date of onset *6-29-32*
 Other contributory causes of importance:
Interstitial Nephritis and degenerative Malities
 Name of operation *none* Date of
 What test confirmed diagnosis? *Clinical* Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury 19.....
 Where did injury occur? *no* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *no*
 Nature of injury *no*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *W. E. Denton*, M. D.
 (Address) *Brookfield 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.

JUL 25 1932

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