

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

Do not use this space.

31169

1. PLACE OF DEATH

102 County Shelby Registration District No. 830
Township Salt River Primary Registration District No. 6091
City Shelbina (No. _____ St. _____ Ward _____)

File No. 33

Registered No. _____

2. FULL NAME

Emma Frances Maupin
(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 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 Rice Graves Maupin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 | 9 | 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335

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) Monroe Co. Missouri

13. NAME Bert Chapman 3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

15. MAIDEN NAME Elizabeth Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio 2

17. INFORMANT Miss Rice Maupin (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina DATE Sept 20 1932

19. UNDERTAKER E. Hayes (ADDRESS) Shelbina, Mo.

20. FILED Oct 10 1932 Madge Gooch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-7-30, 1919, to 9-17-32, 1919.

I last saw her alive on 9-17-32, 1919. 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:

Cancer of Cervix Date of onset 9-1-30
48 48

Other contributory causes of importance: _____

Name of operation Radium & Xray Date of _____
What test confirmed diagnosis? Microscopy 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 _____, 1919

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) A. M. Wood, M. D.
(Address) Shelbina 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.

1932 OCT 30

