

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

Do not use this space.

31446

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Joseph Primary Registration District No. 1001
City St. Joseph (No. No. Fresh Hosp)

File No. _____
Registered No. 949
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 219 9th 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1870
7. AGE YEARS 61 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collins Adams & Co
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co (STATE OR COUNTRY) Mo

13. NAME Daniel W. Mauhin

14. BIRTHPLACE (CITY OR TOWN) W Va (STATE OR COUNTRY) W Va

15. MAIDEN NAME Mary M. Wallace

16. BIRTHPLACE (CITY OR TOWN) Wilmington (STATE OR COUNTRY) Kentucky

17. INFORMANT Harry W. Mauhin (ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Mo DATE Oct 2 1932

19. UNDERTAKER Heeman Funeral Home Inc (ADDRESS) 1946 Colham

20. FILED Oct 2 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/22/32 1932 to 10/1/32 1932
I last saw him alive on 10/1/32 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset 9/25/32

Ulcer of ileum ?

Name of operation none 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? _____ Date of injury _____ 1932

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) D. H. Wallace M. D.

(Address) St Joseph Mo 301 28

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.

MISSOURI STATE BOARD OF HEALTH

2

2