

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.

NOV 23 1932

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

Do not use this space.

32717

1. PLACE OF DEATH  
 County Boone Registration District No. 1439  
 Township Greensburg Primary Registration District No. 5096  
 City Baring (No. .... St. .... Ward)

2. FULL NAME George F. Mauck  
 (a) Residence, No. Baring, Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Mauck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	80	0	3	

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

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) Knox Co. Missouri

MOTHER FATHER

13. NAME Jonathan Mauck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Henry Mauck 74 Madison St

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greensburg DATE Oct 23 32

19. UNDERTAKER (ADDRESS) Geo J. Binkert

20. FILED Oct 24 1932 Edward Early Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932, to Oct 21, 1932  
 I last saw him alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 1:29 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia  
107A 107B 107C  
 Other contributory causes of importance: (3)  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 ..... 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? no  
 If so, specify .....  
 (Signed) Edward M. Whitcomb, M.D.  
 (Address) Baring Mo

