

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

Do not use this space.

38900

1. PLACE OF DEATH

County Christian Registration District No. 184
Township H. Falloway Primary Registration District No. 5256
City Hughlandville, Mo., R.R. St. _____ Ward _____

File No. _____

Registered No. 1

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Missouri

13. NAME Ephr. Maples

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

15. MAIDEN NAME Mary Davis

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

17. INFORMANT (ADDRESS) Willie Maples No. 140 R.R. Hughlandville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hughlandville, Mo. Dec 20, 1932

19. UNDERTAKER (ADDRESS) T. B. Chaffin Ogden Mo.

20. FILED Feb 4 1933 Ruth Garrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Dec 19 1932

I last saw him alive on Dec 18 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset about 1926

Other contributory causes of importance:
23A 23B

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? no
If so, specify _____ (Signed) R. R. Falloway, M. D.
(Address) Ogden 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.

824 1933

