

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

Do not use this space.

6944

1. PLACE OF DEATH
 91 County Ripley Registration District No. 750
 1 Township Douglas Primary Registration District No. 5985
 2 City Douglas Mo No. _____
 _____ St. _____ Ward _____

2. FULL NAME J. H. Mapler
 (a) Residence, No. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 57 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Mapler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/13/1876

7. AGE YEARS 50 MONTHS 6 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) life

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

MOTHER FATHER
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT C. Yofort
 (ADDRESS) Douglas Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19

19. UNDERTAKER neighbor in charge
 (ADDRESS) _____

20. FILED 2/11 1923 E. B. Johnston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1932 to 2/9, 1932
 I last saw him alive on 2/9, 1932. Death is said to have occurred on the date stated above, at 5a m.
 The principal cause of death and related causes of importance were as follows:
108
pneumonia 2/1/32
labor
 Other contributory causes of importance:
108

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? _____
 If so, specify _____
 (Signed) Clifford Yofort, M. D.
 (Address) Douglas 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.

2-9-1933
7-13-1876

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