

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

Do not use this space.

16890

194

**1. PLACE OF DEATH**

County Jackson Registration District No. 411 No. 100  
 Township Walden Primary Registration District No. 2327 Registered No. 194  
 City Poplarville (No. 2327) (Type City) Ward

**2. FULL NAME**

(a) Residence, No. Edwards St. Mapwood Ward. Mapwood  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertha May Mapwood

22. I HEREBY CERTIFY, that I attended deceased from 4-20, 1933, to 5-13, 1933 and was alive on 5-13, 1933. Death is said to have occurred on the date stated above 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11, 1871

The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset 10/13

7. AGE YEARS 62 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.

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

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

Other contributory causes of importance: 10/13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Washington

13. NAME John Mapwood

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Artha Cook

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Mapwood

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 5-16-33

Nature of injury

19. UNDERTAKER (ADDRESS) Walden

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify

20. FILED 5/13 1933 Abner Clark Registrar.

(Signed) Abner Clark, M. D.  
 (Address)

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.

JUN 22 1933

FATHER MOTHER

49  
57

