

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

Do not use this space.

26842

1. PLACE OF DEATH

County Knox

Registration District No. 444

Township 1st

Primary Registration District No. 4262

City Knox (No. 1)

File No. 9

Registered No. 9

2. FULL NAME

Mary Emeline Mausop

(a) Residence, No. 1 St. 1 Ward. 1

(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 William M. Mausop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1856

7. AGE YEARS 77 MONTHS 5 DAYS 30 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Mo

13. NAME Wm Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Knox

15. MAIDEN NAME Druella McKinnon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Knox

17. INFORMANT Pearlie Watson (ADDRESS) Knox City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City DATE Aug 28 1933

19. UNDERTAKER W. H. Adams (ADDRESS) Knox City Mo

20. FILED Aug 18 1933 J. R. Northcutt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1933, to Aug 17 1933. I last saw h. alive on Aug 16 1933. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Apoplexy
Had an organic heart lesion (gt 2 yr)

Other contributory causes of importance:
Had an organic heart lesion (gt 2 yr)

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 1933

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) W. H. Adams, M. D.

(Address) Knox City Mo.

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. OCT 20 1933

