

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 197  
Township Ballast Primary Registration District No. 5276  
City North Kansas City, Mo. R.F.D. #4 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 527-A  
Registered No. \_\_\_\_\_

2. FULL NAME

Stella Mae Maffett  
(a) Residence, No. North Kansas City, Mo. R.F.D. #4 Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 9 7

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

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) North Kansas City, Mo. R.F.D. #4.

13. NAME Delmar Maffett

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

15. MAIDEN NAME Freda Hilson

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

17. INFORMANT (ADDRESS) Delmar Maffett, North Kansas City, Mo. R.F.D. #4.

18. BURIAL, CREMATION, OR REMOVAL PLACE Longmeadow Kas DATE 1-16-34

19. UNDERTAKER (ADDRESS) Morton & Co., North Kansas City, Mo.

20. FILED Jan 15, 1934 John S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 14, 1934. I last saw her alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 2309. The principal cause of death and related causes of importance were as follows:

Carbuncle  
back of neck  
151  
Other contributory causes of importance: Chicken pox

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) James G. Hodge, M. D.  
(Address) North Kansas City, Mo.

