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.

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

JAN 2 9 1935

Do not use this space.

1. PLACE OF DEATH
County Ray — Registration District No. 744 — File No. 44115
Township Richmond — Primary Registration District No. 3035 — Registered No. 140.
City Richmond (No. ..... St. ..... Ward)

2. FULL NAME Mrs Maggie Stapleton
(a) Residence, No. ..... (Usual place of abode) Richmond St., Mo. Ward. (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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1862
7. AGE: Years 72 — Months 2 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Hat Gap Kentucky

FATHER
13. NAME Thomas Hardison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sarah Booker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mr. Wiley Stapleton Richmond Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunny Slope DATE December 11, 1934
19. UNDERTAKER (ADDRESS) A. W. Mansur Richmond Missouri
20. FILED 1-9 1935 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934, to Dec 9, 1934
I last saw her alive on Dec 9, 1934. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
87	
99	

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Yes 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? No
If so, specify
(Signed) H. W. G. Hitt, M. D.
(Address) Richmond Mo.