

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

Do not use this space.

26599

SEP 25 1935

**1. PLACE OF DEATH**

County Jackson  
Township Kennett  
City Kennett (No. 140)

Registration District No. 399  
Primary Registration District No. 1002  
No. 140 Belmont

File No. \_\_\_\_\_  
Registered No. 3349  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ingrina Victoria Maple  
(a) Residence, No. 140 Belmont St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1886

7. AGE YEARS 49 MONTHS 5 DAYS 9 days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Wahman Mo

13. NAME Turner M. Daniels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wahman Missouri

15. MAIDEN NAME Rose Alice Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wahman Missouri

17. INFORMANT Husband (ADDRESS) 140 Belmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Osawatomie DATE 8-26 1935

19. UNDERTAKER Daniels Bros Daniels (ADDRESS) 644 Kasau

20. FILED Aug 25 1935 M. M. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1934, to Aug 23, 1935.

I last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

arteriosclerotic heart block - just acutely.

Other contributory causes of importance: mitral stenosis 1918

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) M. C. Speer, M. D.  
(Address) 3204 Coleman Road  
K. C. 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.

