MAY 18 1936

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

Do not use this space.

14221

File No. 623

Registered No.

1. PLACE OF DEATH
County Buchanan,
Township
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

Registration District No. [redacted] 85
Primary Registration District No. [redacted] 1

2. FULL NAME Mason B. Maudlin,
(a) Residence, No. St., Ward. Grant City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Letecia Maudlin,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1863
7. AGE: Years 72 | Months 9 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) April 1936,
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County, Indiana,

FATHER
13. NAME Joel Maudlin,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER
15. MAIDEN NAME Cynthia Stephenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT Mrs. Mason B. Maudlin
(ADDRESS) Grant City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo. DATE April 30, 1936
19. UNDERTAKER Heaton-Bigale & Bowman
(ADDRESS) 519 So. 10th. Street. Funeral Home
20. FILED 4/28, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th. 1936
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 28, 1936
I last saw him alive on April 27, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:
Metastasis to Retro peritoneal glands.

Name of operation Catharsis Date of Op. 3-16-36
What test confirmed diagnosis? Microscopic 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. H. Wallace, M. D.
(Address) 3 & 4 St. Joseph 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.