

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

Do not use this space.

SEP 21 1936

30141

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township Whitewater Primary Registration District No. 5783
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 41

2. FULL NAME Carl Christian Maury

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

(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 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 Minnie Maury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1856

7. AGE YEARS 80 MONTHS 4 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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.

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) Thurmsville, Mo.

13. NAME Henry Maury

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

15. MAIDEN NAME H. Behrens

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

17. INFORMANT (ADDRESS) Carl Maury, 1106

18. BURIAL, CREMATION, OR REMOVAL PLACE Thurmsville Mo DATE 8-19 1936

19. UNDERTAKER (ADDRESS) Beatty & Allen, Johnson St

20. FILED 8-19-36 D. S. Suber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to Aug 17, 1936

I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at _____.

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

Cardio-renal disease
Immediate cause of death being Congestive failure of right heart

Other contributory causes of importance:
Arterio-sclerosis of several years duration

Name of operation _____ Date of _____

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) Francis W. Mayo, M. D. (Address) Garrettsville, Missouri

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.

