

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.

Merape

DEC 3 1936

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

Do not use this space.

38439

1. PLACE OF DEATH

County *Montgomery*
Township *Montgomery*
City (No.) St. Ward)

Registration District No. *592*
Primary Registration District No. *5790*

File No.
Registered No. *30*

2. FULL NAME

James Jeremiah Maupin

(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 *54* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emma Kathryn Maupin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 10, 1876</i>		
7. AGE YEARS <i>60</i>	MONTHS <i>6</i>	DAYS <i>27</i>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>
	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)
Crawford, Mo.

13. NAME
Lindsey Maupin

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

15. MAIDEN NAME
Melinda Talt

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

17. INFORMANT (ADDRESS)
*Montgomery City, Mo.
Emma Maupin*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Montgomery, Mo. 10/18/36

19. UNDERTAKER (ADDRESS)
*Creighton
Montgomery City, Mo.*

20. FILED *Oct 5 1936* *Buell Merape* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/7/36*

22. I HEREBY CERTIFY, That I attended/deceased from August *33* to Oct. *4*, 19*36*

I last saw him alive on Oct. *3*, 19*36* Death is said to have occurred on the date stated above, at *8:20 a.m.*

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

1. Valvular Heart Disease, Mitral Insufficiency.
2. Cardiac Hypertrophy
3. Nephritis, Chronic Parenchymatous, chronic
4. Uremia
5. Arterio-sclerosis
6. Anasarca, general

Name of operation Date of operation

What test confirmed diagnosis? *Phys. Exam* Was there an autopsy? *No*

23. If death was due to external cause (Violence), fill in also the following: Accident, suicide, or homicide?

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) *Buell Merape* M. D.
(Address) *Montgomery City, Mo.*

