

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.

JAN 21 1937

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

Do not use this space.

45447

1. PLACE OF DEATH  
County McDonald Registration District No. 1149  
Township Pineville Primary Registration District No. 5698  
City Noel Mo R#2 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 24

2. FULL NAME Hester Jane Maples  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 49 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnathan H Maples

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2nd 1844

7. AGE YEARS 92 MONTHS I DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping  
10. Date deceased last worked at this occupation (month and year) 18 Months 11. Total time (years) spent in this Life occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol County Ohio

FATHER 13. NAME William C Elder

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

MOTHER 15. MAIDEN NAME Margaret Dunlap

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

17. INFORMANT Bert Maples  
(ADDRESS) Noel Missouri R#2

18. BURIAL, CREMATION, OR REMOVAL Near Noel Mo  
PLACE Petty Cemetery DATE Dec 14th 1936

19. UNDERTAKER Nichols Brothers  
(ADDRESS) Southwest City Mo

20. FILED 12/18 1936 L. A. Carnell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1936

22. I HEREBY CERTIFY That I attended deceased from about 5th day Dec 36 to Dec 13 1936

I last saw her alive on Nov 26 1936 Death is said to have occurred on the date stated above, at 3:25 a.m.

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

Paralysis of Lower Limbs and General breakdown of entire System Date of onset 9/1/36

Other contributory causes of importance: Injury to left lower limb about Sept 11 21 by fall and extreme age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What was confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. Death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? fall on floor  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Injury to left hip  
Nature of injury Injury to fall

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. S. Thompson M. D.  
(Address) Travels Ark

