

AUG 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 3006  
City 312 N Garth St. 1 Ward

File No. 26633  
Registered No. 158

## 2. FULL NAME

(a) Residence, No. 312 N Garth Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF James Maupie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1866

7. AGE YEARS 71 MONTHS 4 DAYS 22  
If LESS than 1 day, .....hrs. or .....min.

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

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) Missouri13. NAME Manuel Lewings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT James Maupie  
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 7-7-37

19. UNDERTAKER Parker F. Co.  
(ADDRESS) Columbia, Mo.20. FILED 7/6/37 Allie Selby  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 4, 193722. I HEREBY CERTIFY that I attended deceased from 7-2-1937 to 7-4-1937

I last saw her alive on 7-27-37. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Cerebral Hemorrhage (Date of onset 7-1-37)

Other contributory causes of importance: Do not know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? None

(Specify city or town, county, and State)

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

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Was a doctor

(Signed) \_\_\_\_\_ M. D.

(Address) Columbia, 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.

16  
33  
22

35

OCCUPATION

MOTHER FATHER

