

SEP 20 1937

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

Do not use this space.

30860

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Independence Primary Registration District No. 3019
City Independence (No. 216 to Highway)

File No. 30860
Registered No. 272
St. _____ Ward _____

2. FULL NAME

Mary G. Maupin
(a) Residence, No. 216 to Highway 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 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>3</u>	<u>26</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) near Harney
(STATE OR COUNTRY) Missouri

13. NAME Garrett Brockman

14. BIRTHPLACE (CITY OR TOWN) Highway
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Clifab Prather

16. BIRTHPLACE (CITY OR TOWN) Highway
(STATE OR COUNTRY) Missouri

17. INFORMANT Anna Blankin
(ADDRESS) 1208 Hedges road

18. BURIAL CREMATION, OR REMOVAL PLACE Mount Zion DATE Aug 15 37

19. UNDERTAKER George C. Carlson
(ADDRESS) Independence, Mo.

20. FILED 8-16-37 F. L. Cask
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1934, to Aug. 13, 1937

I last saw h.u.c. alive on Aug. 13, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

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

Generalized carcinomatous of the peritoneum following carcinoma of the ovary

Other contributory causes of importance: 49

Name of operation Specimens sent to Dr. H. C. Henshaw Date of 10-15-35

What test confirmed diagnosis? specimens biopsy 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) George C. Carlson, M. D.
(Address) Independence, 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.

