

WRITE PLAINLY WITH UNODING INK---THIS IS A PERMANENT RECORD

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.

103
4
6
SEP 27 1937

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

Do not use this space.

32002

1. PLACE OF DEATH

County Stoddard

Registration District No. 837

Township Caston

Primary Registration District No. 60-99

City Bloomfield

(No.)

4508

File No.

Registered No.

St. Ward)

2. FULL NAME Charles H. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Zelma L. Maupin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 10

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

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) Union City
(STATE OR COUNTRY) Tennessee

13. NAME John Auston Maupin

14. BIRTHPLACE (CITY OR TOWN) Union City
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Nancy Glover

16. BIRTHPLACE (CITY OR TOWN) Union City
(STATE OR COUNTRY) Tennessee

17. INFORMANT Zelma L. Maupin
(ADDRESS) Bloomfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield, Cem. DATE Sept. 7, 1937

19. UNDERTAKER Chiles Undertaking Co.
(ADDRESS) Bloomfield, Missouri

20. FILED Sept 16, 1937 Dr. Edward Ford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1937

22. I HEREBY CERTIFY, that I attended deceased from Aug. 25, 1937 to Sept. 5, 1937

I last saw him alive on Sept. 4, 1937 Death is said to have occurred on the date stated above, at 2:30 p.

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

Cerebral hemorrhage Date of onset P.S.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) Edward Ford, M. D.
(Address) Bloomfield, Mo.

