

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

OCT 21 1937

*Suggitt*  
34787

1. PLACE OF DEATH

County *Miller*  
Township *Richwoods*  
City *Haverock, R#1* (No. \_\_\_\_\_)

Registration District No. *562*  
Primary Registration District No. *5757*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*George Richardson Mace*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 18 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ann Victoria*

22. I HEREBY CERTIFY, That I attended deceased from *Sept-17 1937* to *Sept-18 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 20 1854*

I last saw him alive on *Sept-18 1937*. Death is said to have occurred on the date stated above, at *4:30 pm*.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *3 83 6 28*

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinesawyer, bookkeeper, etc. *Physician & Surgeon*  
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 *50*

*Hypostatic Pneumonia (Right)*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Long Beach, Illinois*

Other contributory causes of importance: *Chronic Nephritis*

FATHER 13. NAME *George Washington Mace*

Name of operation *none* Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME *Mahulda Oglesby*

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) *Best Mace, Haverock, Mo.*

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cresher* - DATE *Sept. 19 37*

Manner of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) *G. T. Casey, Iberia*

Nature of injury \_\_\_\_\_

20. FILED *Oct 8 1937* *Mr. W. J. Van Drem* Registrar

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_ (Signed) *F. C. Suggitt*, M. D. (Address) *Iberia*

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.

