

JAN 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

46776

1. PLACE OF DEATH

County North
 Township St. Charles
 City Grant City (No. 113)

Registration District No. 903
 Primary Registration District No. 4545

File No. 47137
 Registered No. 47137 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 3 1/2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 10

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) May, 1935 11. Total time (years) spent in this occupation 23 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

13. NAME W. J. Cuydell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Mo.

15. MAIDEN NAME Laura E. Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

17. INFORMANT (ADDRESS) James Mauldin, Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middleport DATE 12/31/37

19. UNDERTAKER (ADDRESS) Rich C. Druggie, Grant City, Mo.

20. FILED 118 1938 Dred Mullins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-37

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935 to 12-28-37, 1937

I last saw her alive on 12-10-1937 Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Carcinoma of liver Date of onset 1935

40

Other contributory causes of importance:

Metastatic carcinoma of heart 1936

40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Y

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? Y

If so, specify

(Signed) J. H. Rose, M. D.

(Address) Grant City, Mo.

