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

Do not use this space.

2372
2.P3

1. PLACE OF DEATH

County _Cedar_
Registration District No. _1 6 4_
File No. _____

Township _Benton_
Primary Registration District No. _5 2 2 9_
Registered No. _____

City _Jerico Spgs. Mo._ (No. _____ , _____ St. _____ Ward)

2. FULL NAME _Milton Maphies 120_

(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 38
3. SEX _Male_ **4. COLOR OR RACE** _White_ **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Widower_	**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) _Jan 6_ , 19 _37_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _Sallie Maphies_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _May 15-1859._

7. AGE
YEARS _78_ MONTHS _4_ DAYS _23_ If LESS than 1 day, ...hrs. or ...min.

22. I HEREBY CERTIFY That I attended deceased from _December 22_ , 19 _37_ , to _January 6_ , 19 _38_

I last saw him alive on _January 6_ , 19 _38_. Death is said to have occurred on the date stated above, at _6:30 P._ m.

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

Date of onset

Senile Debility
Mitral Incompetence
Aortic Regurgitation
Arterio selerosis

_51_

Other contributory causes of importance:
Diabetes Mellitus
Secondary Anemia

OCCUPATION

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

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) _Va._

FATHER

13. NAME _Samuel Maphies_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Va._

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _no_

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23. If death was due to external causes, 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. _____

17. INFORMANT _Alva Maphies_
(ADDRESS) _Jerico Spgs. Mo._

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Brashear_ DATE _1-8_ _37_

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _no_
If so, specify _____

19. UNDERTAKER _W. C. Davis Hes._
(ADDRESS) _Stockton, Mo._

(Signed) _J. E. Bennett M. D._
(Address) _Jerico Springs, Mo._

20. FILED _1-26_ , 19 _38_ _Mrs. Mary Heifner_
Registrar.