

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

See also 8339-38
2/1 2m 5/39
Do not use this space.

1. PLACE OF DEATH
County New Madrid Registration District No. 1133 File No. 3555
Township Mut Primary Registration District No. 5799A Registered No. 4
City (No. _____) St. _____ Ward _____
2. FULL NAME Henry Arthur Mausher 26
(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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1866
7. AGE YEARS 72 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Chester Mo
13. NAME Thad Mausher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Minnie Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeLade Mo
17. INFORMANT Harmon Mausher
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
PLACE Newman DATE Jan 17 1938
19. UNDERTAKER Harvey Ruth
(ADDRESS) Cherry St
20. FILED Jan 17 1938 John D. Koebel Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 16 1938
22. I HEREBY CERTIFY that I attended deceased from Jan - 1 1938, to Jan - 12 1938.
I first saw him alive on Jan - 12 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 1-1-38
1070
Other contributory causes of importance:
Arterio-Sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) J. B. Best, M. D.
(Address) Cavalon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH