

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

Dr. Allen

11893
 Do not use this space.

REC'D APR 7 1938

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 734
 (b) Township Jackson Primary Registration District No. 5968
 (c) City (County) (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Carl F. Maggard 263
 (a) Residence, No. Randolph county St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Alma Maggard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1883

7. AGE YEARS 54 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Gen. farming
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jacksonville,
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Finis Maggard,
 14. BIRTHPLACE (CITY OR TOWN) Randolph Co.,
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Tuggle,
 16. BIRTHPLACE (CITY OR TOWN) Macon Co.,
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Alma Maggard,
 (ADDRESS) RFD Jacksonville, Mo

18. BURIAL PLACE Mt. Salem - Macon county 3/16/38

19. FUNERAL DIRECTOR Albert Skinner,
 (ADDRESS) Macon, Mo.

20. FILED Mar 16 1938 H. M. Carter
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1938 to Mar 14 1938
 I last saw him alive on Mar 13 1938 Death is said to have occurred on the date stated above, at 11 P.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis

Other contributory causes of importance:
Tuberculosis

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 John P. Allen, M. D.
 (Signed) John P. Allen (Address) Macon Mo
8425

Date of onset
Mar 5 1938

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.

13-

STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Randolph Registration District No. 734
 (b) Township Jackson Primary Registration District No. 5968 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl F. Maggued

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 6 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

measles
23
Culminating
 Other contributory causes of importance:
tuberculosis

Date of onset _____

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? _____
 If so, specify _____ (Signed) John P. Allen, M. D.
 (Address) _____

Local Registrar.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

