

REC'D APR 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Shelby  
Township Jefferson  
City Clinton (No. 1)

Registration District No. 560  
Primary Registration District No. 6094

File No. 12265  
Registered No. 3  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Rosa Maupin 150

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam. R. Maupin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 - 1858</u>		
7. AGE <u>82</u> YEARS	<u>6</u> MONTHS	<u>10</u> DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)  
Germany

13. NAME Michael Samser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

15. MAIDEN NAME Mrs. Weir

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
West Virginia

17. INFORMANT E. J. Maupin  
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Shelbina Mo DATE Feb 5 1938

19. UNDERTAKER W. L. Work  
(ADDRESS) Berkeley

20. FILED Feb 5 1938 Ray Hamilton  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1938 to Mar 3 1938  
I last saw her alive on Mar 1 1938 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:

Influenza Date of onset Feb 15 1938

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify D. L. Hallan, M. D.  
(Signed) Clarence (Address) no

751

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.

