

REC'D JUL 11 1938

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

Do not use this space.

22225

1. PLACE OF DEATH

County Knott Co
Township Fabius
City Newgate (No. St. Ward)

Registration District No. 445
Primary Registration District No. 5605

File No. 1
Registered No. 13

2. FULL NAME

Ina Vivian Mauck 201

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

Length of residence in city or town where death occurred 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robey Mauck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 1 24

OCCUPATION 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. Domestic home
10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 12

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

MOTHER 13. NAME Rafe Hutchinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Johnson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Robey Mauck, Newark, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newark, Mo DATE June 19 1938

19. UNDERTAKER (ADDRESS) Thos. Ball, Newark, Mo

20. FILED June 18 1938 Stuart Manil Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938 to June 17 1938
I last saw him alive on June 17 1938. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:

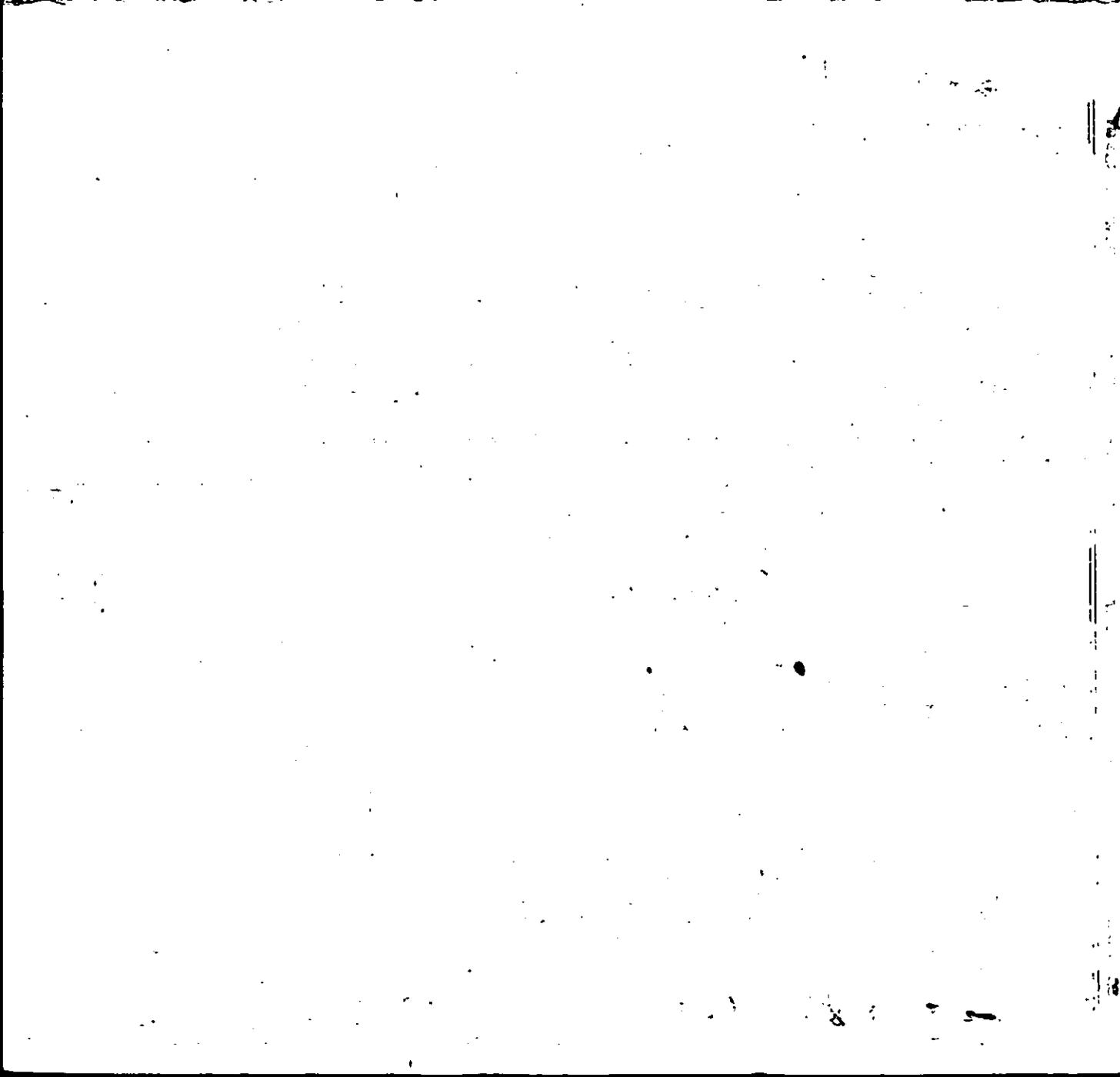
Patient Eclampsia Date of onset June 17
Eclampsia, parturition
Other contributory causes of importance: 146
acute toxemia
Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral Was there an autopsy? _____

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) W. B. Jones M. D.'s
W. B. Jones
(Address) Newark, Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22225-
Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 445
(b) Township Jordan Primary Registration District No. 56.05 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 John Simeon Mauer

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23rd 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 24

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED June 18-38 Stonewall Morris Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1938

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance:

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) S. W. Holt, M. D.

(Address) Newark Mo

SUPPLEMENTARY

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

