

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.

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

Do not use this space.

NOV 10 1938

1. PLACE OF DEATH

County Geddes
 Township Jefferson
 City 416 No. 165-

Registration District No. 165-
 Primary Registration District No. 5-280

File No. 35379
 Registered No. 89
 St. _____ Ward _____

2. FULL NAME

Maud E. Clifford

(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>John Clifford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1892</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>6</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>mo</u>		
FATHER	13. NAME <u>Lafayette Cook</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vir</u>	
MOTHER	15. MAIDEN NAME <u>Mollie Chapman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT <u>John Clifford</u> (ADDRESS) <u>1511 W. 4th St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopkapple</u> DATE <u>Oct 29, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. & F. Finestone</u> <u>Springfield, Mo.</u>		
20. FILED <u>Oct 29, 1938</u> <u>Mrs. R. A. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct 29, 1938
 I last saw her alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 1:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Pellagra
6 1/2
 Other contributory causes of importance:
marriage at 4th month.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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. H. [unclear], M. D.
 (Address) 156 [unclear] St. St. Louis, Mo.

