

COPY 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.

REC'D MAR 21 1939

7584

1. PLACE OF DEATH

County Randolph Registration District No. 734
 Township Jacksonville Primary Registration District No. 4639
 City Jacksonville (No. _____) St. _____ Ward _____

2. FULL NAME

Myr Alma Maggard
 (a) Residence, No. Jacksonville, Mo. 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 <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Maggard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1891</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS <u>5</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>Housekeeper</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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1939, to Feb 13, 1939
 I last saw her alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 11:15AM.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset Feb 11, 1939

Other contributory causes of importance:
Mitral Regurgitation
Large Abdominal Tumor

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon, Mo</u>
	13. NAME <u>Leslie Vanskike</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon, Mo</u>
	15. MAIDEN NAME <u>Betty Brock</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon, Mo</u>
	17. INFORMANT (ADDRESS) <u>Elmer Vanskike</u> <u>Moberly, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Salem</u> DATE <u>2-15</u> , 19 <u>39</u>
	19. UNDERTAKER (ADDRESS) <u>Jipton</u> <u>Moberly</u>
	20. FILED <u>Feb 13</u> , 19 <u>39</u> <u>John Wright</u> Registrar.

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) C. A. Struykowski, M.D.
 (Address) Jacksonville, Mo.

Struykowski

922

Dr.

RECEIVED

District Health Officer No. 10

District File Number 10-39-414

Date Filed MAR 7 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7584
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 734

(b) Township Jacksonville Primary Registration District No. 4439

(c) City Jacksonville (d) Street No. _____ St. _____

(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 Mrs Alma Maggard

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write 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 47 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1939

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

I last saw _____ 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:

Bacterial Pneumonia

Date of onset _____

Other contributory causes of importance:

mitral regurgitation
large abdominal tumor
fibroid of uterus

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 C. A. Strupewski, M.D.

(Signed) _____ (Address) Jacksonville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

