

NOV 13 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36148
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy Registration District No. 328
(b) Township R-7-B Primary Registration District No. 3017
(c) City Waverly (d) Street No. WRIGHT MEMORIAL HOSP Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 MAUDE C. HERRIN
(a) Residence, No. R-7-D - BRIMS S.W. MISSOURI 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 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 Wm S HERRIN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4th, 1896
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 7 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) July 3rd, 1939
11. Total time (years) spent in this occupation 42 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Mo
13. NAME S. F. Ralstiff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky
15. MAIDEN NAME Maude Witter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia
17. INFORMANT Wm S HERRIN
(ADDRESS) R-7-D Brims, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Grundy Co. R-7-D DATE 7-9th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Trenton Mo
20. FILED 7-9-39 J. H. Dyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1939, to July 6th, 1939
I last saw her alive on July 6th, 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.
The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset July 30th
Perforated Caecum
Other contributory causes of importance: Of Caecum
Name of operation Resection Date of July 4th
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes
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 none
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Oliver F. Duffy, M. D.
(Address) Waverly Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 11,

District File Number

1139-1582

Date Filed

NOV 16 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Robert B. Davis

Registered Apprentice No.

212

, working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Trenton Mo

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.)

If this body is not embalmed, above space should be left blank.