

FILED FEB 12 1940

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

1760
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township St. Joseph, Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 1024 North 13th. 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 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Ashworth Maiden,

(a) Residence, No. 1024 North 13th. St. (Usual place of abode, if no street address, write county or city)
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Maiden,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 1 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grower of
 9. Industry or business in which work was done, as saw mill, bank, etc. Flowers,
 10. Date deceased last worked at this occupation (month and year) Jan. 1932 11. Total time (years) spent in this occupation 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y. 27. 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1940 to Jan 27, 1940
 I last saw him alive on 1-26-40 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Cereb Coronary Thrombosis Date of onset 1/26/40

Other contributory causes of importance:

Coronary Arteriosclerosis
Arteriosclerosis general

Name of operation none Date of to
 What test confirmed diagnosis? autopsy Was there an autopsy? to

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) W. P. P. 13th, M. D.
 (Address) 307 P. P. 13th

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Missouri,

FATHER 13. NAME John R. Maiden,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

MOTHER 15. MAIDEN NAME Unknown,

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

17. INFORMANT Mrs. G. A. Kaelson,
 (ADDRESS) 1024 North 13th. Str.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Cem. DATE Jan'y 30, 1940

19. FUNERAL DIRECTOR (NAME) Heaton, B. W. & Co., Inc.,
 (ADDRESS) 319 S. 10th. Str.

20. FILED Jan 30, 1940 W. P. P. 13th
 Local Registrar.

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.

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, 1-27-40

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Wm E. Summerfield

License No. 3007

P. O. Address 517 28 St + Joseph m

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.