

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.

FILED APR 18 1940

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

Do not use this space.

11887

1. PLACE OF DEATH

County holaway
Township grant
City (No. 2)

Registration District No. 617
Primary Registration District No. 5819

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RR# 2 Barnard, Mo.

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds.

Ward _____

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Harvey Maffitt, 83

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1857

7. AGE YEARS 82 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. min.

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.

10. Date deceased last worked at this occupation (month and year) 3-40 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Barnard Mo

13. NAME Samuel K Bear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

15. MAIDEN NAME Nancy Susannah Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page County Va

17. INFORMANT William Maffitt (ADDRESS) RR# 2 Barnard, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER Campbell Funeral Home (ADDRESS) 951 Sixth Main St. Maryville, Mo

20. FILED 3/11/40 Chas. D. Humberd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1930 to March 11 1940

I last saw him alive on Feb. 24 1939. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Chronic valvular heart disease

Other contributory causes of importance: epidemic influenza

Name of operation none Date of _____

What test confirmed diagnosis? none 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) Chas. D. Humberd, M.D. (Address) Barnard, Mo.

RECEIVED
District Health Officer
District File Number 440-560
Date Filed APR 13 1948

Embalmed by William Campbell
Maugville Ma
#2620