

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township Seaside Primary Registration District No. SSAIA
City Seaside (No.) St. Ward)

File No. 853
Registered No. 133

2. FULL NAME

(a) Residence, No. J. Ben Maybough 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 Male 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 Jane Maybough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1852
7. AGE YEARS 79 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100
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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Jane Maybough
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seaside DATE 1-5-1932

19. UNDERTAKER H. G. Lewis
(ADDRESS)

20. FILED 1/5 1932 Ed C. Peelo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932, to Jan 4 1932.
I last saw him alive on Jan 3 1932. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Nemiplegia lt due to cerebral hemorrhage Date of onset 1/1/32
He fell and lay out on the ground at home
Other contributory causes of importance: Which resulted in Solar Prostrance 1/2/32

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Ed C. Peelo M. D.
(Signed) Charles M.S.
(Address)

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.

