

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

Do not use this space.

17478

1. PLACE OF DEATH :
 County Monteau Registration District No. 575
 Township Millersfork Primary Registration District No. 4339
 City Dipton (No. St. Ward

2. FULL NAME Anna L. Maupin
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 - 1916
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dipton Mo.
 13. NAME Russell Maupin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dipton Mo.
 15. MAIDEN NAME Lillie Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksburg Mo.
 17. INFORMANT Russell Maupin (ADDRESS) Dipton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Colored Cemetery DATE 16/11 1934
 19. UNDERTAKER Louis B. Brubaker (ADDRESS) Dipton Mo.
 20. FILED 6-1-34 Mrs. Sarah J. Jye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934
 22. I HEREBY CERTIFY, That I attended deceased from 15 April 1934, to May 30 1934
 I last saw him alive on May 29 1934 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 3/31
 Other contributory causes of importance:

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? No
 If so, specify G. S. Wilson M. D.
 (Signed) G. S. Wilson
 (Address) Dipton Mo.

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.

JUN 29 1934

OCCUPATION
FATHER
MOTHER

