

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

Do not use this space.

**1. PLACE OF DEATH**

County Macon Registration District No. 5335 File No. 19765  
 Township Middleford Primary Registration District No. 279 Registered No. 101  
 City Amassee St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Amelia 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 22-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>11</u>	<u>-</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**10. NAME OF FATHER**

Henry Cooper

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**12. MAIDEN NAME OF MOTHER**

Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't know

**14.**

INFORMANT Ferd Maupin  
 (Address) Amassee

**15.**

April 10, 1928 J. J. [Signature]  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar 22 1928

**17. HEREBY CERTIFY** That I attended deceased from Mar 11 1928 to Mar 22 1928  
 that I last saw her alive on Mar 22 1928, and that death occurred, on the date stated above, at 8 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial Pneumonia  
following influenza  
1928

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. A. Hyatt, M. D.  
 (Address) Clarence

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Union Cemetery March 23 1928  
**20. UNDERTAKER** E. J. Hopper Clarence

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.

Hyatt  
 APR 10 1928

