NOV 28 1928

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

Do not use this space.

X 34196

File No. .....

Registered No. 272

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: Mason — Primary Registration District No. 3029

City: Hannibal (No. 2112, Spruce St. ..... Ward)

2. FULL NAME Maggie E. Painter

(a) Residence. No. 2112 Spruce 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eaton Smith Painter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/22/1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	2	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(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) Pike Co. Mo

PARENTS

10. NAME OF FATHER Richard Trubble

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Lotisa Hawkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Henry McDonald
(Address) 2112 Spruce St

15. FILED 10/9, 1928 — C. E. Stode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1928, to Oct. 6, 1928, that I last saw her alive on Oct. 6, 1928, and that death occurred, on the date stated above, at 4:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dementia Paralytica

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Broken leg

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. D. Blue, M. D

19 (Address) Hannibal Mo.

*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
Mount Air Cem.	10-9 1928

20. UNDERTAKER	ADDRESS
Wm M Smith	Hannibal

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P-9491