

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

Do not use this space.

5624

**1. PLACE OF DEATH**

47 County Jackson Registration District No. 000  
10 Township Kaw Primary Registration District No. 000  
9 City Kansas City (No. 1217 West 61st St. Terrace) (St. 776 Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Plasila Maurer

(a) Residence, No. 1217 W. 61st St. Terrace 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 <u>804</u> <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>7</u>
		DAYS
		<u>15</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION.	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.	<u>At home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>804</u>
	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) <u>Graham Missouri</u>		
13. NAME <u>Jacob Brown</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Linsville</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>A. J. Maurer 1217 W. 61st St. Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graham Mo</u> DATE <u>7 18 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Stiles McOlyre 323 S. Bellham Plaza</u>		
20. FILED <u>2-16-1933 M. M. Crowe</u> <u>Asst. Registrar.</u>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1<sup>st</sup> 1929, to Feb. 16<sup>th</sup> 1933  
Last saw her alive on Feb. 15<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 8 a. m.

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

<u>Cerebral Hemorrhage</u>	Date of onset <u>2-8</u>
<u>804</u>	<u>3.3.</u>

(Other contributory causes of importance:  
Cerebral Arterio Sclerosis)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. F. Robinson M. D.  
(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.

FORM REVISED FOR STUDING

