

1867
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31465

1. PLACE OF DEATH

County *Harrison*
 Township
 City *Farrington Mo* (No.) St. Ward)

Registration District No. *773*
 Primary Registration District No. *4464*

File No.
 Registered No. *130*

2. FULL NAME

Chris Viola Maynard

(a) Residence. No. *Farrington Mo 1925* 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)

Married

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

John T. Maynard

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

12/14/1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

7 1/2

3

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(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)

Hancock Co. Mo

PARENTS

10. NAME OF FATHER

Mathew Stevens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Farrington Mo

12. MAIDEN NAME OF MOTHER

Janet Wellman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT (Address)

*John T. Maynard
 Farrington Mo*

15.

FILED

9-8-28
L. J. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-6-1928

17.

I HEREBY CERTIFY That I attended deceased from *July 28th*, 1928, to *Sept 1*, 1928, that I last saw her alive on *Sept 1*, 1928, and that death occurred, on the date stated above, at *9:30* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardites

930

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

900B

(duration) yrs. mos. da.

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) *Geo. S. Watkins*, M. D.

9-8-1928 (Address) *Farrington 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

Rehman Cmt. Farrington Mo

9-9-1928

20. UNDERTAKER

ADDRESS

Herbert Hud Co

Farrington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

USE OF DEATH in plain terms, so that the public can understand the meaning of the word. The Commission on the subject of the death penalty has been studying the subject for some time and has issued a report which is being distributed to all members of the public. The report is a study of the death penalty and its effect on the public mind. It is a study of the death penalty and its effect on the public mind. It is a study of the death penalty and its effect on the public mind.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francis

Registration District No. 773

File No.

Township Washington

Primary Registration District No. 4464

Registered No. 130

City Washington (No.) St. Ward)

2. FULL NAME

Olive Viola Maynard

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 18 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

3

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

1928-9-6
1857-5-78
71-3-8

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

15.

FILED 11-17-28

B. J. Rubin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6-28

17.

I HEREBY CERTIFY That I attended deceased from
....., 19.....
that I last saw h..... alive on....., 19....., and that
death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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).....

, 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-31465