

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

Do not use this space.

13722

File No. 280
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 174
 6 Township _____ Primary Registration District No. 601803
 6 City St. Pierre, Mo. (No. 4465) St. _____ Ward _____

2. FULL NAME Luis Feril Maurice
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17-193

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) St. Francois, Mo.
County

FATHER 13. NAME Luis Feril Maurice
Father El Maurice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois County

MOTHER 15. MAIDEN NAME Willa Holmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County

17. INFORMANT Father El Maurice
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Saline County DATE April 3, 1932

19. UNDERTAKER Alvin W. Wood
 (ADDRESS) _____

20. FILED April 30, 1932 W. J. Bryan
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31-, 1932 to 44-, 1932
 I last saw him alive on 4-1-, 1932. Death is said to have occurred on the date stated above, at 7:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Laryngeal Diphtheria Date of onset 5-30-32
108 / 10 (1)
 Other contributory causes of importance:
Pneumonia 9-25-32

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [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.

MAY 28 1932

