JAN 23 1929

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

Do not use this space.

2161

1. PLACE OF DEATH
County Johnson
Township Centerview,
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 5589
File No. .....
Registered No. .....

2. FULL NAME Mary Francis Maize
(a) Residence. No. Centerview Twp 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	6	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Henry Co

PARENTS

10. NAME OF FATHER James Neil
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Bettie Howerton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina,

14. INFORMANT Mrs Olive Smarr
(Address) Warrensburg, Mo

15. FILED Jan 9 1929 Wm R Patterson V.C. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1928, Jan 6th, 1929 that I last saw her alive on Oct 15th, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Patent died Sometime during the night - I in my opinion due to Cerebral Hemorrhage
..... (duration) Short yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
..... (duration) 3 or 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 74 A
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) John T. Anderson, M. D
, 18 (Address) Warrensburg 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 Sunset Hill Cem
DATE OF BURIAL 1/9 1929

20. UNDERTAKER S. R. Sweeney
ADDRESS Warrensburg

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.

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