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

Do not use this space.

26993

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 950
City St. Joseph (No. Mercy Hospital St. Ward)

2. FULL NAME Hazel Laura Maize
(a) Residence. No. St. Ward. Bethany Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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: Irlin Maize

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan-29-1895

7. AGE: Years 34 — Months 6 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

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:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co., Missouri

PARENTS
10. NAME OF FATHER: W. M. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co., Missouri
12. MAIDEN NAME OF MOTHER: Ermina Scofield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Irlin Maize
(Address): Bethany, Mo.

15. FILED 8-9, 1929. John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/6 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/5, 1929, to 8/6, 1929, that I last saw her alive on 8/6, 1929, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
122B
124
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Adhesions (abdominal) caused by operation for appendicitis about 8 years ago.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Bethany Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/6/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys findings
(Signed) T O Pierce, M. D
, 19 (Address) St Joseph 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: Burris Cemetery — DATE OF BURIAL: 8/8 1929

20. UNDERTAKER: S. M. Haas — ADDRESS: Bethany, Mo.

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.

MARGIN RESERVED FOR BINDING

1929