

Maze

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

Do not use this space.

5252

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 353
Primary Registration District No. 1002
No. St. Joseph Hospital

File No. 910
Registered No. 910
St. _____ Ward _____

2. FULL NAME Genevieve Maze

(a) Residence No. 5112 Montzal St. 16 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE; MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 8 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carniero
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Robert Maze

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mabelle Faulkner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT Victor Maze
(Address) 5112 Montzal

15. FILED 1/27 19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-30

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 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:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley W. Steel M. D. 25, 19 30 (Address) Deputy Coroner

*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 Elmwood Cemetary DATE OF BURIAL Feb. 28, 1930

20. UNDERTAKER J.P. Louis Funeral Director ADDRESS City

Every item of information should be extremely accurate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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