

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

Do not use this space.

42967

1. PLACE OF DEATH
 108 County Vernon Registration District No. 975
 2 Township Center Primary Registration District No. 3039
 7 City Nevada (No) St. _____ Ward _____
 2. FULL NAME John Lawrence Maus
 (a) Residence, No. _____ St. _____ Ward. Schell city, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Antonia S. Maus
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Don't know 11. Total time (years) all spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.
 13. NAME John C. Maus
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
 15. MAIDEN NAME Margaret Raithel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Albert Z Maus
Schell city, mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maus Cemetery DATE Dec. 4, 1932
 19. UNDERTAKER (ADDRESS) Lute Davis & Son
Schell city, mo.
 20. FILED 12-14, 19 32 J. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1932
 22. I HEREBY CERTIFY, That I attended deceased from 12-2-, 1932, to 12-2-, 1932
 I last saw him alive on 12-2, 1932. Death is said to have occurred on the date stated above, at 2 0 m.
 The principal cause of death and related causes of importance were as follows:
Heart Lesion
95 B Unknown 1
 Other contributory causes of importance Unknown 95 B
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NA 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) J. Myer, M. D.
 (Address) Nevada, mo.

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. JAN 27 1933

