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

Do not use this space.

8838

File No. .....

Registered No. 20

APR 21 1933

1. PLACE OF DEATH
County Charlton
Township Brunswick
City Near Brunswick (No. ....., ..., St. ....., Ward)

Registration District No. 169
Primary Registration District No. 5235

2. FULL NAME ROSA LEOLA MAUZEY

(a) Residence, No. ..... 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: Female
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 OF David Mauzey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1881

7. AGE: Years 51 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Brunswick Mo

FATHER
13. NAME David C. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

MOTHER
15. MAIDEN NAME Carrie Emrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Hurley Robertson
(ADDRESS) Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bragg Chapel Brunswick Mo DATE Mch 23 1933

19. UNDERTAKER L. Wheeler
(ADDRESS) Brunswick Mo

20. FILED Mch 23, 1933 Harry E. Patum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1933 to 3-22-, 1933
I last saw her alive on 3-22-, 1933 Death is said to have occurred on the date stated above, at 5:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-15-33.
DC	10 d

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Phys. 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) A W Zillinger, M. D.
(Address) Keytesville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD