

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.

MAY 24 1933

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

Do not use this space.

15398

1. PLACE OF DEATH
County Schuylers Registration District No. 803
Township Glenwood Primary Registration District No. 0011
City _____ (No. _____) St. _____ Ward _____
2. FULL NAME Clara Mae Maize
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10 - 1933
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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)..... 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....
13. NAME Raymond Maize
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers Co. Mo.
15. MAIDEN NAME Edith Beeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers Co. Mo.
17. INFORMANT (ADDRESS) Raymond Maize
Glenwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE S. C. O. Cemetery DATE Apr. 18, 1933
19. UNDERTAKER (ADDRESS) John A. Roberts
Dancaster, Mo.
20. FILED May 20, 1933 George Rambo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 17, 1933
I last saw her alive on April 17, 1933. Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Poisoning
1356
120
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? no
If so, specify _____
(Signed) H. R. Johnson, M. D.
(Address) Glenwood Mo.

