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.

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

Do not use this space.

36246

JAN 4 1934

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 821
City Springfield (No. St. Johns St. Ward)

2. FULL NAME Richard Harlan Maas.
(a) Residence, No. Bolivar 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 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 OF~~ Mary Maas.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1904
7. AGE YEARS 29 MONTHS 9 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creamery Business
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) Bolivar Missouri.

FATHER
13. NAME N. W. Maas.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Jersey

MOTHER
15. MAIDEN NAME Carrie Jefferies
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

17. INFORMANT (ADDRESS) Leonard Maas Bolivar, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolivar DATE Nov. 26 1933
19. UNDERTAKER (ADDRESS) White - Erwin. Bolivar, Mo.
20. FILED 11-25 1933 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1933, to 11/24, 1933
I last saw him alive on 11/24, 1933. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia traumatic following an automobile accident in which two ribs were fractured	11/18/33
Other contributory causes of importance: Automobile accident 2:10 M	11/14/33

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/14, 1933
Where did injury occur? Bolivar, Polk Co., Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway
Manner of injury Automobile be struck by another car.
Nature of injury Fracture of two Ribs.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leslie R. Webb, M. D.
(Address) Springfield, Mo.