

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

Do not use this space.

SEP 18 1934

30257

1. PLACE OF DEATH

County... Nodaway Registration District No. 625
 Township... Park Primary Registration District No. 3031
 City... Maryville (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME William Mazingo

(a) Residence, No. 515 West 2nd St. St. Ward.
 (Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Poly Anna Mazingo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb (9th), 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 6 1

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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo.

13. NAME Allen Mazingo.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Elizabeth Ursher.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Irb Mazingo. Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Aug 12 34

19. UNDERTAKER Price Funeral Home (ADDRESS)

20. FILED 8-14 Maryville Mo Minnie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15-16, 1928, to Aug 10th, 1934

I last saw h. alive on Aug 9th, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset
Arteriosclerosis

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Chemical. 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? no
 If so, specify

(Signed) L. E. Dean, M. D.
 (Address) Maryville Mo

Exact statement of OCCUPATION is very important. PHYSICIANS should state

