

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.

MAR 27 1935

6256

1. PLACE OF DEATH

County Nodaway  
Township Maryville  
City Maryville

Registration District No. 620  
Primary Registration District No. 303  
(No. St. Francis Hospital)

File No. 6256  
Registered No. 84  
St.        Ward       

2. FULL NAME Matilda Jane Mazingo

(a) Residence, No.         
(Usual place of abode)

St.        Ward       

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1859

7. AGE YEARS 76 MONTHS 1 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Nodaway Co.

13. NAME Silas Mazingo Virginia

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

15. MAIDEN NAME Mary Jane Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT George Mazingo (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Feb/25 1935

19. UNDERTAKER Price Bur. Co. (ADDRESS) Maryville, Mo.

20. FILED 2-28-35 Manuel E. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12<sup>th</sup>, 1933., to Feb 23<sup>rd</sup>, 1935. I last saw her alive on Feb 23<sup>rd</sup>, 1935. Death is said to have occurred on the date stated above, at 9.45 A.M.

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

Broncho-pneumonia Date of onset 2-21-35

Fracture left femur 2-19-35

Chronic myocarditis 1-12-33

Other contributory causes of importance:

Fracture left femur 2-19-35

Chronic myocarditis 1-12-33

Name of operation none Date of       

What test confirmed diagnosis? X-Ray 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 2-19-1935

Where did injury occur? In home - Maryville Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fall on floor

Nature of injury fracture of hip

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

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