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.

JUN 18 1935

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

Do not use this space.

15718

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township — Primary Registration District No. 3007 — Registered No. 89

City Poplar Bluff, Mo. (No. 838, Lester St. St. Ward)

7 2. FULL NAME Oliver J. Maize

(a) Residence, No. 838 Lester St. St., Ward. (If nonresident, give city or town and State)
(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: 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: Gertrude Maize

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2.1870

7. AGE: 23 — YEARS: 64 — MONTHS: 8 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: MO. Pac. Railroad
10. Date deceased last worked at this occupation (month and year): May 1934
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown, Missouri

FATHER

13. NAME: Milan Maize
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo

MOTHER

15. MAIDEN NAME: Martha McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown Mo

17. INFORMANT (ADDRESS): J. H. Maize, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Poplar Bluff, Mo. DATE: 5-7-35, 19

19. UNDERTAKER (ADDRESS): Frank Undertaking Co. Poplar Bluff

20. FILED 5-7, 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to May 5, 1935

I last saw him alive on May 5, 1935. Death is said to have occurred on the date stated above, at 11:40A

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

Coronary Thrombosis May 5 — Date of onset 15

92 a

Other contributory causes of importance:
Hepatic Sclerosis
Valvular heart Lesion chronic.

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? .....

If so, specify .....

(Signed) Alfred P. Rowe, M. D.

(Address) Poplar Bluff Mo