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.

SEP 18 1935

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

Do not use this space.

25805

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 125 File No.

Township " " Primary Registration District No. 3009 Registered No. 237

City CAPE GIRARDEAU (No. 825 So Ellis. St. Ward)

2. FULL NAME Alice Verble Maze.

(a) Residence, No. 825 So Ellis. 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: 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 Geo Maze.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1854.

7. AGE: Years 81. Months 5. Days 15. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Pulaska Co. Ill

FATHER

13. NAME Henry Reinhardt.

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

MOTHER

15. MAIDEN NAME Matilda Smith.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Sid Verble. Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmont Cemt. DATE Aug 22. 19 35

19. UNDERTAKER (ADDRESS) Hamann's Funeral Home. Cape Girardeau Mo.

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20. 19 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 19 35, to Aug 20 19 35

I last saw him alive on Aug 17 1935. Death is said to have occurred on the date stated above, at 420P m.

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

	Date of onset
Arteriosclerosis	

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?

If so, specify

(Signed) M. D.

(Address) Cape Girardeau Mo