DEC 18 1936

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

Do not use this space.

40511

1. PLACE OF DEATH

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

Township — Primary Registration District No. 3007 — Registered No. 243

City Poplar Bluff (No. 1214, Maud St. Ward)

2. FULL NAME Mary Ann Maze

(a) Residence, No. 1214 Maud St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1922

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
14	5	22	

OCCUPATION

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

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) Poplar Bluff Missouri

FATHER

13. NAME Julius Maze

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

MOTHER

15. MAIDEN NAME Nora Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zellsworth Kansas

17. INFORMANT (ADDRESS) Julius Maze 1214 Maud St. Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City cemetery DATE Nov. 7, 1936

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff, Missouri

20. FILED 11/8 1936 O. Lutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ..., 19..., to ..., 19...

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 P.M.

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

	Date of onset
Concussion of Brain	
Fractured Skull	11/5/36

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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 11/5, 1936

Where did injury occur? Poplar Bluff, Mo. (Specify city or town, county, and State)

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

Manner of injury Run over by car

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Richard Reynolds Coroner M.D.

(Address) Poplar Bluff Mo.

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.

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