AUG 23 1937

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

Do not use this space.

27114

1. PLACE OF DEATH
County Dent
Township Gladden
City ..... (No. ..... St. ..... Ward)

Registration District No. 997
Primary Registration District No. 6238

File No. .....
Registered No. 5

2. FULL NAME John Houston Maze

(a) Residence, No. ..... 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) ~~xxxx~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1st 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Ma Tennessee

FATHER
13. NAME Powell Maze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Martha E Isbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Maurice Maze Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jadwin Cem. DATE July 1st 1937

19. UNDERTAKER (ADDRESS) C arl K.Spencer Salem Mo.

20. FILED July 27 1937 Mrs Etta Maze Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to June 29, 1937. I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 7. A. M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Rt — Date of onset June 21

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) F. E. Butler, M. D.
(Address) Salem Missouri

WHITE 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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