Kneibert

AUG 14 1939

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

Do not use this space.

File No. 25164
Registered No. 194

1. PLACE OF DEATH
County Butler — Registration District No. 89
Township — Primary Registration District No. 3007
City Poplar Bluff (No. 115 North 9th. St. St. Ward)

2. FULL NAME Walter William Maze

(a) Residence, No. 115 North 9th. St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. & Loan Ass'n.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Williams County (STATE OR COUNTRY) Ohio

FATHER
13. NAME Jason Maze
14. BIRTHPLACE (CITY OR TOWN) Williams County (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Rainey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Frances Maze (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery
PLACE Poplar Bluff, Mo. DATE Aug. 9, 1939

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 8/10 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5 1939, to Aug 7, 1939, I last saw him alive on Aug 7 - 1939. Death is said to have occurred on the date stated above, at 11:30a m.

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

	Date of onset
Hodgkins Disease	1938

Other contributory causes of importance: 72 hr

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? No
If so, specify
(Signed) Dr. Kneibert, M. D.
(Address) Poplar Bluff, Mo

Apprentice No. 208

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.