

REC'D JUN 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Madway  
Township Polk  
City Maryville (No. ...., ..... St. .... Ward)

Registration District No. 628  
Primary Registration District No. 3031

File No. 19053  
Registered No. 8-9

## 2. FULL NAME

(a) Residence, No. St Francis Street 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

## MEDICAL CERTIFICATE OF DEATH

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 Chloe Mazingo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1894

7. AGE YEARS 52 MONTHS 4 DAYS 24 IF LESS than 1 day, ..... hrs. or ..... min.

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

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) Mirani13. NAME William Mazingo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Pop Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT Chloe Mazingo (ADDRESS) Maryville18. BURIAL, CREMATION, OR REMOVAL PLACE Mirian Cem DATE 5-26 193819. UNDERTAKER Campbell Funeral Home (ADDRESS) Maryville Mo20. FILED 5-26 1938 Walter E. Clardy Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938I HEREBY CERTIFY, That I attended deceased from May 9 1938 1938 to May 24 1938

I last saw him alive on May 23 1938 Death is said to have occurred on the date stated above, at ..... m.

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

Carcinoma of Prostate & metastasis into pelvic bones and bladder - Date of onset 51

Other contributory causes of importance: ✓Name of operation Nephrectomy + Laparotomy Date of operation 5-26-38What test confirmed diagnosis? Microscopic + Laboratory Date of test 5-26-3823. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 5-24-38Where 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 Chas. J. Bell M. D.(Signed) Maryville Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

