JAN 21 1929

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

Do not use this space.

39579

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 815 North 10th. St. Ward)

File No.

Registered No. 1500

2. FULL NAME Nancy Jane Maxwell,

(a) Residence. No. 815 North 10th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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: William D. Maxwell,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 25. 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home,
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

PARENTS

10. NAME OF FATHER: Zaphnath Todd,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay County Missouri,
12. MAIDEN NAME OF MOTHER: Sarah C. Stevenson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

14. INFORMANT: Mrs. S. T. Divinia
(Address) 815 North 10th. Street.

15. FILED DEC 31 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 30, 1928 that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

107A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1000

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

Dec 31, 1928 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Auburn Cemetery

DATE OF BURIAL: Jan. 1, 1929

20. UNDERTAKER: Heaton-McGale & Bowman by A. W. Karle

ADDRESS: 319 S. 10th. St Funeral Home

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.