MAR 21 1929

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

Do not use this space.

5735

1. PLACE OF DEATH
County Cape Gerardeau Mo Registration District No. 125
Township " " " Primary Registration District No. 3009
City " " " (No. ..... St. ..... Ward)

File No. .....
Registered No. 48

2. FULL NAME Robert Maxham
(a) Residence. No. Brown Add 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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - day unknown

7. AGE: 67 YEARS | MONTHS: Unknown | DAYS: Unknown | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cape County
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Geo. Schaner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape County
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Lee Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape county Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Elizabeth Fairchild
(Address) Cape Gerardeau Mo

15. FILED 7/18, 1929 W C Kampfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to Feb 17, 1929 that I last saw him alive on Feb 16, 1929, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lookage of the heart
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) N F Chesnin, M. D.
, 19 (Address) Cape Gerardeau 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: Fairmont
DATE OF BURIAL: Feb-19 1929

20. UNDERTAKER: A L Brinkopf
ADDRESS: 536 Broadway

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.