

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

Do not use this space.

6978

1. PLACE OF DEATH

County Jefferson Registration District No. H 20 File No. _____
 Township De Soto Primary Registration District No. 2022 Registered No. 13-
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Maxwell
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Asbury Maxwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER A. K. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Cardwell
 (STATE OR COUNTRY) Pennsylvania

14. INFORMANT J. B. Maxwell
 (Address) De Soto Mo.

15. FILED Feb 27 1929 D. L. Reynolds
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1928 to Feb 21, 1929
 that I last saw him alive on Feb 21, 1929 and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus.

29 atank 2 yrs. mos. da.
 (duration)

CONTRIBUTORY None
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Not known
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) M. J. Ferris, M. D.

*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 city cemetery DATE OF BURIAL Feb. 23 1929

20. UNDERTAKER C. H. Burdick ADDRESS De Soto Mo.

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50 27 235 1 31 2

John Baker Jr