

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

Do not use this space.

10367

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. 2/15)

Registration District No. 411
Primary Registration District No. 2nd 2

File No.
Registered No.
St. Ward)

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 last 4 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year) Jan 7, 1931 11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

13. NAME John Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Ia.

15. MARRIED NAME Mary Hatfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Nettie Maxwell (ADDRESS) 5115 Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL Carthage Cem DATE 1931

19. UNDERTAKER Furley Feed Co (ADDRESS) Jasper Mo

20. FILED 3/15 19. 31 Armon Clark Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-31

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1931, to Mar 13 1931. I last saw him alive on 3/13-1931 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Aneurysm of Arch of the aorta
96
114A

Date of onset

Other contributory causes of importance: Anthraxosis

Name of operation none Date of operation 3/13
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? If so, specify _____

(Signed) A. J. Miller, M. D.
(Address) Joplin Mo.

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.

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

APR 2 1931

