

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

Do not use this space.

35800

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3252 Broadway)

Registration District No. 388

Primary Registration District No. 7008

File No. \_\_\_\_\_  
Registered No. 4808  
St. 4808 Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Minervea Elizabeth Maxam

(a) Residence, No. 3252 Broadway St. 3 Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>5</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	<u>At home</u>	
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)		

12. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

FATHER 13. NAME Joseph White

FATHER 14. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Dougan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

17. INFORMANT Mrs W. A. Swan  
(ADDRESS) 3252 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Nov-19 1932

19. UNDERTAKER Freeman Mortuary  
(ADDRESS) Kansas City, Mo.

20. FILED Nov 16 1932 M. M. Effner  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Nov 15 1932

I last saw R.R. alive on Nov 14, 1932. Death is said to have occurred on the date stated above, at 4:45 P. M.

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

Paralysis Agitans

Date of onset
<u>Jan. 25 1928</u>

Other contributory causes of importance:

(3)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? P.C.  
If so, specify \_\_\_\_\_

(Signed) Arthur E. Vanghe M.D.  
(Address) 615 Chambers Bldg.

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

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.

