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

Do not use this space.

38127

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 234

City Nevada (No. 4, St. Ward)

2. FULL NAME James A. Maxson

(a) Residence, No. State Hosp. # 3 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. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE eoh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Maxson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	11	9	

OCCUPATION

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

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) unk

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ark.

FATHER

13. NAME John Maxson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ohio

MOTHER

15. MAIDEN NAME — Bolyona

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — — 31

17. INFORMANT (ADDRESS) Mrs Addie Maxson Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE Nov 20th 1932

19. UNDERTAKER (ADDRESS) Phillips & Fossett Mt Vernon Mo.

20. FILED 11-19, 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932, to Nov 19, 1932

I last saw him alive on Nov. 18 1932 Death is said to have occurred on the date stated above, at 6:00 A.m.

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

936

97

General Arteriosclerosis

Date of onset

Other contributory causes of importance:

Chr. Myocarditis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Laurence L. Cooper, M. D.

(Address) Nevada Mo.

JAN 5 1933

...AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.