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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township Kinloch MO
City (No. Frost Ave St. Ward)
Registration District No. 784
Primary Registration District No. 6030
File No. 27486
Registered No.

2. FULL NAME Claud Maxwell
(a) Residence, No. Frost Ave 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Maxwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 1875
7. AGE About 57 YEARS MONTHS 8 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labour
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

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

FATHER
13. NAME Andrew Maxwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Mo

MOTHER
15. MAIDEN NAME Charity Hobbard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mary Maxwell South Kinloch
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 8-29 1933
19. UNDERTAKER (ADDRESS) W. S. Wade Und Co 4202 Finney Ave
20. FILED 9-6 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1933, to Aug 26 1933
I last saw her alive on Aug 26 1933 Death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:
Ptomaine Poison (ate garbage) decomposed meat, bread & cornmeal
Date of onset 8-25-33
Other contributory causes of importance: none
Name of operation none 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) Roy Johnson M.D.
(Address) Ferguson Mo

This was a colored family living in Kinloch, Mo. who was gathering garbage at the different residences for hogs that they had. When this garbage was brought to their place, they would pick it over, and portions of this garbage they would wash and cook and use to feed their family. All developed severe cases of ptomaine poisoning. This deceased died after a few hours of eating this decomposed meat and the others members of the family are seriously ill, but apparently are going to get well.

Luke B. Tinnon M.D.
Coroner St. Louis Co. Mo.