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

Do not use this space.

30366

1. PLACE OF DEATH
County New Madrid — Registration District No. 604
Township — Primary Registration District No. 3802
City " " (No. ... St. ... Ward)

File No.
Registered No.

2. FULL NAME Don Colin 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1931

7. AGE: Years 2 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

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

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

FATHER
13. NAME Calvin Maxwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg Tenn

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT Leonard Hage
(ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dyersburg Tenn DATE Sept 9, 1933

19. UNDERTAKER Richards Und. Co
(ADDRESS) New Madrid, Mo

20. FILED 9/8/ 1933 W. H. O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1933, to Sept 8th 1933
I last saw him alive on Sept 8th 1933. Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
Infection	

Other contributory causes of importance:

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?
If so, specify
(Signed) W. L. Briggs, M. D.
(Address) New Madrid