

FEB 27 1934

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

MARGIN RESERVED FOR BINDING

V.S. No. 2.

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.

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

Do not use this space.

39011-A

1. PLACE OF DEATH
 County Andrew Registration District No. 9
 Township _____ Primary Registration District No. 50129
 City Pleasantdale (No. 4024) St. _____ Ward _____

2. FULL NAME: David Lincoln Max
 (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 Annah Baxter Max

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager of
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. flower mill
 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) Newton Ill

13. NAME David Max

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Ill

15. MAIDEN NAME Cybellie Prather

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ill

17. INFORMANT (ADDRESS) Annah Max Pleasantdale mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 12-22-1933

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah

20. FILED Jan 4 1934 J. M. Cassin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:2 m.
 The principal cause of death and related causes of importance were as follows:
axidental gunshot wound self inflicted
184
 Other contributory causes of importance: 184

 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 M. L. Halliday
 (Signed) Willmore mo
 (Address) Crown and New Ex mo

Date of onset
1911

