

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.

MAY 25 1934

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

Do not use this space.

PLACE OF DEATH

County Buchanan Registration District No. 5
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 2903 Francis St.)

File No. 11994
Registered No. 472 St. _____ Ward)

2. FULL NAME George Earl Maxwell

(a) Residence, No. 2903 Francis St. St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 12, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>11</u>	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Advertising</u>	11. Total time (years) spent in this occupation. <u>27</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Apr. 18, 1934</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER 13. NAME Edward Maxwell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co, Mo.

MOTHER 15. MAIDEN NAME Addie Rogan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Mrs. Mary Todd Maxwell
2903 Francis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Apr. 21, 1934,

19. UNDERTAKER (ADDRESS) Walter Muehlbauer
1302 Parson St. St. Joseph, Mo.

20. FILED 4-21 19 34 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to April 19, 1934.
I last saw him alive on April 19, 1934. Death is said to have occurred on the date stated above, at 7.20 P.M.

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

Cerebral hemorrhage
GA
Other contributory causes of importance: _____

Date of onset April 19, 1934

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? No
If so, specify _____

(Signed) Wm. M. ... M.D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

