

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.

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

Do not use this space.

JAN 28 1935

43172

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Carroll Primary Registration District No. 1002
City St. Louis (No. General Hospital) St. _____ Ward _____

File No. _____
Registered No. EMPO
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 519 E. 11th 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE nr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 10 1
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. Truck driver
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) Kansas

13. NAME Thomas C. Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leam

15. MAIDEN NAME Larissa Zimmerman

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

17. INFORMANT Beard Maxwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Acacia Dec 27 1934

19. UNDERTAKER W. T. Moorehan

(Address) Acacia, St. Louis

20. FILED 17 26 19 34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935
22. I HEREBY CERTIFY, that the deceased passed from _____
I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above at _____
The principal cause of death and related causes of importance were as follows: Fracture of the skull
Extradural hemorrhage
Other contributory causes of importance: W 175
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, Blow to the head date of injury _____
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place _____
Manner of injury Blow to the head
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

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