

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.

MAR 2 5 1935

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

Do not use this space.

7431  
~~7451~~

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. 42 45 W. N. Market St.)

File No.

Registered No. 1860

St. Ward

2. FULL NAME Fannie Elizabeth Maxwell

(a) Residence, No. 42 45 W. N. Market 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 69

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 66

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work  
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)  Tenn.

MOTHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Allen Jackson

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

17. INFORMANT Rev. H. C. Maxwell  
(ADDRESS) 2245 W. North street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 27 1935

19. UNDERTAKER C. J. J. 2nd. Co  
(ADDRESS) 314 1/2 N. Grand St.

20. FILED FEB 26 1935 J. P. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1935 to Feb. 24 1935

I last saw h. alive on Feb. 14 1935 Death is said to have occurred on the date stated above, at 11pm. (1 P.M.)

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

lobar pneumonia  
1003  
Other contributory causes of importance:

Date of onset  
Feb. 15 1935

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) J. W. Bay M. D.  
(Address) 4320 Easton

J. W. Gray M.D.  
4350 Eastern