

JUN 20 1935

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

Do not use this space.

16068

1. PLACE OF DEATH

County Dunklin Registration District No. 290  
Township Clay Primary Registration District No. 5408  
City (No. ....) St. .... Ward)

2. FULL NAME

Jessie B Maxwell  
(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Single</u>                                |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 14, 1909</u>  |                                  |  |
| 7. AGE   | YEARS                            | MONTHS   |
| <u>25</u>  | <u>10</u>                        | <u>14</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Harmer</u> |                                  |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>X</u>               |                                  |  |
| 10. Date deceased last worked at this occupation (month and year)<br><u>X</u>                                |                                  | 11. Total time (years) spent in this occupation.                           |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Dunklin County, Mo</u>                                |                                  |  |
| 13. NAME<br><u>J. C. Maxwell</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Marshall County, Mo</u>                               |                                  |  |
| 15. MAIDEN NAME<br><u>Mary H Hassler</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Smith, Mo</u><br><u>Dunklin County</u>                |                                  |  |
| 17. INFORMANT (ADDRESS)<br><u>J. C. Maxwell</u><br><u>Dunklin County, Mo</u>                                 |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Cedar Point, Mo</u> DATE <u>5/29</u> <u>35</u>                 |                                  |  |
| 19. UNDERTAKER (ADDRESS)<br><u>M. S. Haggitt Funeral Service</u><br><u>200</u>                               |                                  |  |
| 20. FILED <u>6-1</u> 1935 <u>H. H. Haggitt</u><br>Registrar.   |                                  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to May 28, 1935  
I last saw him alive on May 27, 1935 Death is said to have occurred on the date stated above, at 9:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac Failure Date of onset May 17, 1935  
Malacard  
Myocarditis

Other contributory causes of importance  
Malacard  
Myocarditis

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 None  
(Signed) Roy H. Speidel, M. D.  
(Address) Smith, Mo.

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.

