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.

SEP 21 1935

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

Do not use this space.

23587

File No. II

Registered No. 22

1. PLACE OF DEATH

County: LAWRENCE — Registration District No. 471

Township: ~~PIERCE~~ — Primary Registration District No. 4284

City: PIERCE CITY (No. ..... St. ..... Ward)

2. FULL NAME: EDWARD MAXWELL

(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: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: NANCY ANN CROUCHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 14, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
90	0	17	

OCCUPATION

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. .....

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): SEYMOUR INDIANA

FATHER

13. NAME: JOHN MAXWELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TENNESSEE

MOTHER

15. MAIDEN NAME: — WEDELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): GEO. MAXWELL PIERCE CITY MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE: PIERCE CITY MO DATE: JULY 3, 1935

19. UNDERTAKER (ADDRESS): WM. WESSELL JR PIERCE CITY MO

20. FILED: July 22, 1935 E. R. Wright, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from JUNE 27, 1935, to JULY 1, 1935

I last saw him alive on JULY 1, 1935. Death is said to have occurred on the date stated above, at 10:25 P.m.

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

	Date of onset
FRACTURE OF RIGHT FEMUR	JUNE 27
HYPOSTATIC PNEUMONIA	JULY 1
	14

Other contributory causes of importance: No

Name of operation: NONE Date of .....

What test confirmed diagnosis? X-RAY Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? YES Date of injury JUNE 27, 1935

Where did injury occur? PIERCE CITY MO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. IN HOME

Manner of injury: FELL GETTING INTO SWING

Nature of injury: FRACTURE

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) L. Mason Lyons, M. D.

(Address) Pierce City Mo