

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

Do not use this space.

OCT 17 1935

28654

1. PLACE OF DEATH

County Bates
 Township
 City Butee (No.)

Registration District No. 50
 Primary Registration District No. 3004

File No.
 Registered No. 63 St. Ward)

2. FULL NAME

Herman O Maxey

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Maxey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>63</u>	<u>10</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Representative.</u>
	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) Eggle Kentucky

13. NAME Silas W Maxey.

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

15. MAIDEN NAME Sarah E Michell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warr. Know

17. INFORMANT Mrs. H. O. Maxey. (ADDRESS) Butee Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sept 16. 19 35

19. UNDERTAKER Culver (ADDRESS) Butee Mo.

20. FILED Sept 16, 1935 Mina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935 to Sept 13, 1935
 I last saw him alive on Sept 13, 1935 Death is said to have occurred on the date stated above, at 8:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

Other contributory causes of importance:

Myocarditis
Hypertension

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.

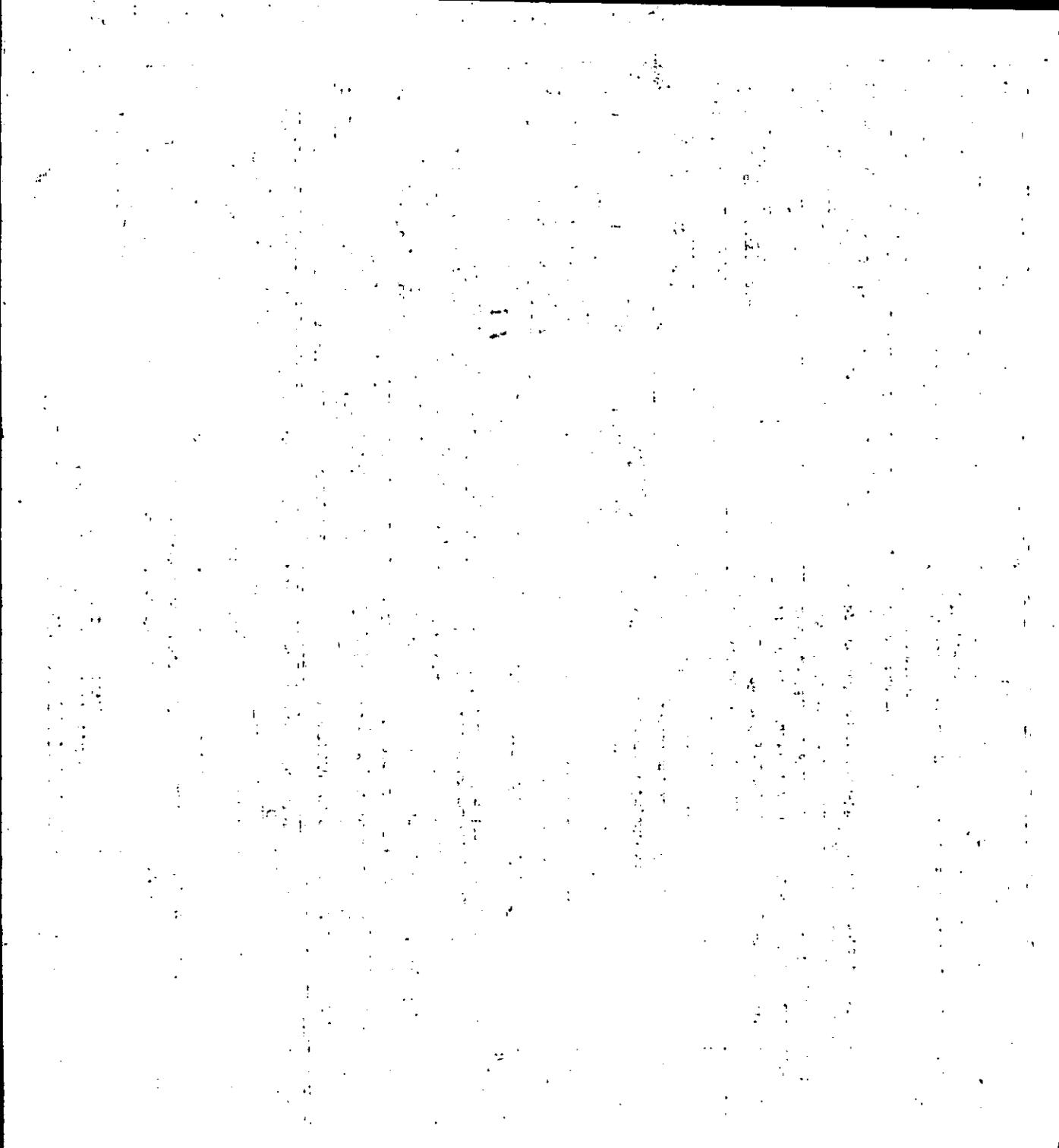
Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) E. A. Luck, M. D.
 (Address) Butee, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1282



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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-01-2009 BY 60322 UCBAW/STP/STP
THIS INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bates

Registration District No. 50

Township Butler

Primary Registration District No. 3004

City Butler (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 63

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS 63 MONTHS 14 DAYS _____ LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 18 1935 Mina L. Culver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

Last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Coronary Occlusion Date of onset _____

Other contributory causes of importance:

Myocarditis
Nephritis - chronic

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 _____

(Signed) C. H. Lusk, M. D.

(Address) Butler, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

NOV 5 1935

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