

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.

OCT 28 1935

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. _____ St. _____ Ward _____)

30503

File No. _____
Registered No. 126

2. FULL NAME Maxwell Good
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffee Broker
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) Oakland
(STATE OR COUNTRY) Maryland
13. NAME Alexander C. Good
14. BIRTHPLACE (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

15. MAIDEN NAME Francis Swan
16. BIRTHPLACE (CITY OR TOWN) Maryland
(STATE OR COUNTRY)

17. INFORMANT Hospital Record
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Birkwood Mo. DATE 9-14 1935

19. UNDERTAKER Boys Undertaking Co
(ADDRESS) Birkwood Mo.

20. FILED 9-13 1935 V. S. Robinson
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 Feb 1 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 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane
Syphilis
Other contributory causes of importance:
acute colitis and
terminal Bronchopneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Chumley Lab Change an autopsy? yes

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) P. S. Tate _____ M. D.
(Address) Hosp. #4 Farmington Mo.

