

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.

NOV 29 1935

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

Do not use this space.

34932

1. PLACE OF DEATH

County Texas
Township Upton
City (No., St. Ward)

Registration District No. 1058
Primary Registration District No. 648

File No.
Registered No.
St. Ward

2. FULL NAME

Myrtle Susan Maxville

(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 Female 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 John Maxville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18, 1888

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>5</u>	<u>47</u>	<u>6</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Texas County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Richard E. Hutzler

14. BIRTHPLACE (CITY OR TOWN) Wright County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Ellis

16. BIRTHPLACE (CITY OR TOWN) Wright County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. C. Ballard
Duggins Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE No. One Graveyard DATE 10-20 1935

19. UNDERTAKER none (ADDRESS) none

20. FILED Oct 19 1935 Joe C. Stites Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to Oct 18, 1935

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7 P. m.

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

Tuberculosis of Lungs Date of onset About 1928

Other contributory causes of importance:

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 Robert B. Tilley, M. D.
(Signed) Plato. M.D.
(Address).....

