

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.

JAN 23 1936

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

Do not use this space.

36332

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Kear Primary Registration District No. 5007
City Kansas City No. 2724, Lydia St. _____ Ward _____

File No. _____
Registered No. 5581
St. _____ Ward _____

2. FULL NAME

Albert S. Maxwell
(a) Residence, No. 2724 Lydia 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 Sadie C. Maxwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1857
7. AGE YEARS 84 MONTHS 0 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Indiana

13. NAME John Maxwell

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

15. MAIDEN NAME Nancy King

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

17. INFORMANT Emily J. Williams
(ADDRESS) Last Angeles California

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Wash. Cems. DATE 12/2 1935

19. UNDERTAKER Stine & McCune U. C.
(ADDRESS) Kansas City, Mo.

20. FILED 12-1 1935 M. M. Crowe, Esq.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/29 1935 to 10/29 1935
I last saw him alive on 10/27 1935. Death is said to have occurred on the date stated above, at 3:00 P.
The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of upper rectum and lower sigmoid
Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

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? No
If so, specify _____
(Signed) Frederick A. Baldwin, M. D.
(Address) 317 Argyle Bldg., K.C.-Mo.

Dr. Baldwin 2904 Cases.