NOV 26 1935

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

Do not use this space.

36968

File No.

Registered No. 239

1. PLACE OF DEATH
County: Phelps
Registration District No. 678
Township: St James
Primary Registration District No. S-904
City (No. , St. Ward)

2. FULL NAME: Lucy 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 10 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-19-1857

7. AGE: Years 77 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): 1921
11. Total time (years) spent in this occupation: 35 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

FATHER
13. NAME: Samuel La Rue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Samantha Beezley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East Kansas

17. INFORMANT (ADDRESS): Myrtle Arnett Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Steelville DATE: 11-4 19 35

19. UNDERTAKER (ADDRESS): H E Lichtenberger St James Mo

20. FILED: Nov 4 1935 Mrs W. H. Houk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934, to Nov 3, 1935
I last saw her alive on Nov. 3, 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

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
(Signed) C. H. Fulbright, M. D.
(Address) St James Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33