JAN 16 1936

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

Do not use this space.

39095

33 1 2

1. PLACE OF DEATH
County Dent — Registration District No. 2066 — File No.
Township — Primary Registration District No. X 1 6 X — Registered No. 26
City Salem (No. , St. Ward)

2. FULL NAME Mrs Matilda Katherine Maxfield
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1869

7. AGE YEARS 66 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoursewife
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) Anthony Mills Mo

FATHER
13. NAME Felix Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ** Mo

MOTHER
15. MAIDEN NAME Christine Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) --- Mo

17. INFORMANT (ADDRESS) Ray Maxfiled Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo DATE 12/19/35 19

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 12/18/ 1935 W. E. Rudd, Tw. Dr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1935, to Dec 16, 1935
I last saw her alive on Dec 16, 1935. Death is said to have occurred on the date stated above, at 7:45 A.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis, arterio	[illegible]
Cerebral Degeneration	" "

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Findings 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) F. E. Butler, M. D.
(Address) Salem Missouri

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.