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 21 1936

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

Do not use this space.

34751

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township ~~Galena~~ — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 532 Joplin Street St. Ward)

2. FULL NAME Wilhelmina Anne Maxwell
(a) Residence, No. 532 Joplin St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30, 1881

7. AGE: YEARS 54 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maxwell Cafeteria
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) Sept. 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lane County (STATE OR COUNTRY) Kansas

FATHER
13. NAME Charles F. Taylor
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) South Carolina

MOTHER
15. MAIDEN NAME Nancy Jane Russell
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. John M. Hale (ADDRESS) Joplin Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Hope Cem. Joplin DATE Sept. 19 1936

19. UNDERTAKER Laupher Mortuary (ADDRESS) 1502 Joplin St. Joplin, Mo.

20. FILED 9-17 1936 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1936, to September 17, 1936
I last saw her alive on September 17, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-19-36
94b	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. R. Kesler Jr., M. D.
(Address) Joplin, Mo.