JAN 22 1937

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

Do not use this space.

45651

1. PLACE OF DEATH

County Nodaway — Registration District No. 625 — File No.

Township ~~Polk~~ — Primary Registration District No. 3031 — Registered No. 132

City Maryville (No. St Francis Hospital St. Ward)

2. FULL NAME Marietta Maxon

(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 53 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: Frank Maxon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-28-1856

7. AGE: YEARS 80 — MONTHS 1 — 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.: 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) (STATE OR COUNTRY): Pickering Mo

FATHER

13. NAME: Wm Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mariette Ohio

MOTHER

15. MAIDEN NAME: Hester Wray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Bertn Bratcher Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coleman Cem. Pickering Mo. DATE 12-13-1936

19. UNDERTAKER (ADDRESS): Campbell Funeral Home Maryville, Mo

20. FILED 12-13 1936 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-11-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1936, to Dec 11, 1936

I last saw her alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 12:04 a.m.

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

Heart Block — Date of onset

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Other contributory causes of importance:

Chronic Nephritis
Atherosoma of the
Great Blood Vessels

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) [illegible] M. D.

(Address) Maryville 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.