JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell, Registration District No. 93 File No. 23303
Township Davis, Primary Registration District No. 4055 Registered No. 13
City Braymer, (No. ..... St. ..... Ward)

2. FULL NAME John Maxwell,
(a) Residence, No. ..... St., 1st. 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. 60 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. [redacted], MARRIED, [redacted], OR [redacted] (write the word) Married,
5A. IF MARRIED, [redacted] HUSBAND OF (OR) [redacted] OF Minnie Maxwell,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.-14th-1873
7. AGE Years 63 Months 7 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor-Work
10. Date deceased last worked at this occupation (month and year) May-1937
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska,

FATHER
13. NAME John Maxwell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland,

MOTHER
15. MAIDEN NAME Emma Pratt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska.

17. INFORMANT (ADDRESS) Mrs. Minnie Maxwell Braymer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery-June-26" 1937
19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.
20. FILED June 26 1937 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-24-1937
22. I HEREBY CERTIFY, That I attended deceased from June-21-1937, to June-24-1937, 19..
I last saw him alive on June-23-1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral-Hemorrhage
Date of onset
Other contributory causes of importance: Arterio-Sclerosis
Name of operation None Date of None
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? None Date of injury None, 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Cerebral B. Dickey M. D.
(Address) Braymer 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.

1937-6-24
1873 11 14
63.7 10