AUG 30 1937

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

Do not use this space.

28166

1. PLACE OF DEATH
County Randolph
Township
City Moberly (No. Woodland Hospital St. Ward)
Registration District No. 735
Primary Registration District No. 3034
File No.
Registered No. 172

2. FULL NAME James A. Maxwell
(a) Residence, No. 309 So 4th St St., 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. 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Maxwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7th 1866
7. AGE 2.06 YEARS 71 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Justice of Peace
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) Mo

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

MOTHER
15. MAIDEN NAME Mintie Maxwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Catherine Maxwell Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE July 7th 1937
19. UNDERTAKER (ADDRESS) Mahan Inst Son Moberly Mo
20. FILED July 6, 1937 Ethel Clutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to July 5, 1937
I last saw him alive on July 5, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Umbilical Hernia	

Other contributory causes of importance: 94 Bp

Name of operation Herniotomy Date of June 26
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Thos D Fleming, M. D.
(Address) Moberly 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.