REC'D AUG 18 1939

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

26232
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township or (c) City Hannibal
Registration District No. 547
Primary Registration District No. 3079
Registered No. 219
(d) Street No. 816 Hill St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
214

2. PRINT FULL NAME Lewis Maxwell
(a) Residence, No. 816 Hill St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. ~~SINGLE, MARRIED, WIDOWED~~, OR DIVORCED (write the word): Divorced
5A. IF ~~MARRIED, WIDOWED~~, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Gertrude
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1894
7. AGE: Years 44; Months 7; Days 9; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
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) Hannibal Mo. O

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

MOTHER
15. MAIDEN NAME Barbara Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. L. B. Hickman Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cemetery DATE 7/29/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell Hannibal Mo.
20. FILED July 28 1939 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-26-39, 19..., to ..., 19..., I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Verdict of Jury	
As result of a knife wound inflicted by Andy McBride	

Other contributory causes of importance: 174

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? Homicide Date of injury 7-26-1939
Where did injury occur? Hannibal Marion Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Knife wound in stomach
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James O'Donnell Coroner of Marion County M. D.
(Address) Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

IMPORTANT: 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.