

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

Do not use this space.

17074-a

1. PLACE OF DEATH

County Hastings Registration District No. 887
 Township Patton Primary Registration District No. 4538
 City Potosi (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 79

2. FULL NAME

Perry Theodore Maxwell
 (a) Residence. No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-2-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Potosi Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Perry Maxwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Palmer Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Stayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Potosi Mo
 (STATE OR COUNTRY)

14. INFORMANT Perry Maxwell
 (Address) Potosi Mo

15. FILED 10/8 1929 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/5 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-2 1929, to 4/5 1929, that I last saw him alive on 4-5 1929, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital deformity of heart.

1575 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 159B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jos. L. Thurman, M. D.

4/6, 1929 (Address) Potosi, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Masonic, Potosi DATE OF BURIAL 4/5 1929

20. UNDERTAKER J.B. Boyer & Son ADDRESS Potosi 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.

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PARENTS

