WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 10368

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2961

City St Louis, Mo (No. Frisco Hosp. ..... St. ..... Ward)

2. FULL NAME Le Doux E. Maddox (Le Doux E Maddox)

(a) Residence. No. ..... St., 12 Ward. Clarkdale, Ark
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 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: Rose Mae Maddox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 6, 1867

7. AGE: Years 59 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telegrapher
(b) General nature of industry, business, or establishment in which employed (or employer): Frisco R.R.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Maddox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: Laura Chambers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Louisiana

14. INFORMANT: Rose Mae Maddox
(Address): Clarkdale Ark.

15. FILED ....., 19.. Mark C Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1927, to Mar 26, 1927, that I last saw him alive on Mar 26, 1927, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 2+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

(duration) 1+ yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Clarkdale, Ark.

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) E. J. Javaux, M. D

, 19 (Address) 4960 Laclede Ave.

*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: Jonesborough, Ark. DATE OF BURIAL: Mar. 27 1927

20. UNDERTAKER: Mullen Und Co. ADDRESS: 5165 Delmar Bl.