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.

[illegible] 4 1927.

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

Do not use this space.

26194

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township Marshall — Primary Registration District No. 6039 — Registered No. 103
City ~~Marshall~~ (No. ..... St. ..... Ward)

2. FULL NAME Edwin James Maddox
(a) Residence. No. Mo. State School Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	8	12	

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) Hannibal
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Wm Maddox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rolls Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spalding
(STATE OR COUNTRY) Missouri

14. INFORMANT Mo. State School Records
(Address) Marshall Mo.

15. FILED 8/8, 1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Aug 4, 1927 that I last saw him alive on Aug 4, 1927, and that death occurred, on the date stated above, at 5:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the lungs
23A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical ex.
(Signed) C. S. Roberts, M. D.
Aug. 4, 1927 (Address) Mo. St. School, Marshall 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: State School Marshall Mo.
DATE OF BURIAL: 8/8 1927

20. UNDERTAKER: Vandiver - Leist
ADDRESS: Marshall Mo

Tegtemeyer