

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

Do not use this space.

14323

File No. \_\_\_\_\_  
Registered No. 127  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Pettis  
Township \_\_\_\_\_  
City Sedalia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3032

2. FULL NAME

Harold Madison  
(a) Residence No. 301 W Morgan St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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

negro

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)

Jan 25 1914

7. AGE

14

YEARS

2

MONTHS

DAYS

14

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School boy

(b) General nature of industry, business, or establishment in which employed (by employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sedalia

10. NAME OF FATHER

J. L. Madison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Elkhart

12. MAIDEN NAME OF MOTHER

Arminia Franklin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Elkhart

14. INFORMANT

(Address)

J. L. Madison  
301 W. Morgan St.

15. FILED

4/11 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 9 1928

17. I HEREBY CERTIFY That I attended deceased from 7-5th 1928 to 4-9th 1928 that I last saw him alive on 4-9th 1928 and that death occurred, on the date stated above, at 3:55 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Generalized Peritonitis  
Due to Ruptured Appendix  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

Acute appendicitis  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 8 - 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Clinical & Laboratory  
Albert R. Maddox, M. D.  
, 19 (Address) 116 1/2 West main

\*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

DATE OF BURIAL

Glenwood Cemetery 4/12 1928

20. URBERTAKER

ADDRESS

Wm. Alexander Sedalia

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.

