

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

Do not use this space.

16527

PLACE OF DEATH

County Clay
 Fishing River
 Township Excelsior Springs, Mo
 City Excelsior Springs, Mo (No.)

Registration District No. 198
 Primary Registration District No. 3011

File No.
 Registered No. 49
 St. Ward)

2. FULL NAME Hugh W. MADDEAUX 8538 19th st
 (a) Residence. No. U.S. Vet Hos p Excelsior Spgs, Mo Ward. Des Moines, Iowa
 (Usual place of abode) (If nonresident give city, town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 23 da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Beulah Maddeaux

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-22-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baker
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Missouri,
 (STATE OR COUNTRY)

10. NAME OF FATHER John Maddeaux

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

12. MAIDEN NAME OF MOTHER Margaret Bowers

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

14. INFORMANT Wife
 (Address)

15. FILED 5/13 19 28 Ed. Crown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-12-28 6.05 P.M.
 19 19

17. I HEREBY CERTIFY, That I attended deceased from 3.20-28
 19..... to 5.12.28 19.....
 that I last saw him alive on May-12-28 19....., and that death occurred, on the date stated above, at 6.05 P.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
1290
Unknown (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Same as above
Unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Microscopical and Clinical symptoms
 (Signed) A. R. Mann M. D.
 , 19 (Address) Excelsior Springs, 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 Des Moines, Iowa DATE OF BURIAL Post Mortem

20. UNDERTAKER H. T. Hope ADDRESS Excelsior Springs, Mo.

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.

STATE PLAINLY, WITH

JUL 15 1928

