CT 26 1928

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

Do not use this space.

30214

1. PLACE OF DEATH
County Greene — Registration District No. Jewell Windle 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 645
City Springfield (No. Springfield Bables & Hospital St. Ward)

2. FULL NAME Charles Ray Madden
(a) Residence. No. 801 S. Kansas Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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: single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20-1910
7. AGE: Years 18 — Months 1 — Days 19 — If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: T. C. Madden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Eva Burks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. C. M. Bliss
(Address) 801 S. Kansas Ave.

15. FILED 9-11-1928 O C Horst M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on 9-10-, 1928, and that death occurred, on the date stated above, at 12:30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun-Shot wound accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 183

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Coroner Inquest
(Signed) Jewell E. Windle Coroner M.D.
9/11-, 1928 (Address) Springfield 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: Cap Lawn — DATE OF BURIAL: 9/11-28
20. UNDERTAKER: W. J. Hawe — ADDRESS: Mpls. 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.

PERMANENT RECORD