

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

Do not use this space.

31144

**1. PLACE OF DEATH**

County Monroe Registration District No. 581  
 Township \_\_\_\_\_ Primary Registration District No. 4343  
 City Monroe City (No. 311) North Main St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 32  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Madden

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred. 1 yrs. 8 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Madden  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1866  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 2 21 — — —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired About 1 year  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ottawa  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Timothy Madden  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Catherine Blunn  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mary Madden  
 (Address) Monroe City, Mo

15. FILED 9/11 1928 O. W. Wilson  
 Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9<sup>th</sup> 1928  
 17. I HEREBY CERTIFY That I attended deceased from Sept. 9<sup>th</sup> 1928 to Sept. 9<sup>th</sup> 1928  
 that I last saw him alive on Sept. 8<sup>th</sup> 1928, and that death occurred, on the date stated above, at 11:40 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of the stomach  
46 B  
 CONTRIBUTORY (SECONDARY) 44 A

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? \_\_\_\_\_  
 (Signed) W. H. Ripstein, M. D.  
9/10 1928 (Address) Monroe City, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Rosary Cemetery DATE OF BURIAL Sept. 12 1928  
 20. UNDERTAKER Wilson + Son ADDRESS Monroe City 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.

