

EC 26 1920 304

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

Do not use this space.

1. PLACE OF DEATH

County Bushy
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital #2)

File No. 36093
Registered No. 1269
St. _____ Ward _____

2. FULL NAME

Martin Maddox

(a) Residence. No. State Hosp #2 St. _____ Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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)

single

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

None

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

Sept. 12 1900

7. AGE

YEARS MONTHS DAYS
28 | -1 | 26
If LESS than 1 day, _____ hrs. or _____ min.

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)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER

A. F. Maddox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Lena Stern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14. INFORMANT

A. F. Maddox
NOV 9 1928
3614 E. 57th St. 70 C. Mo

15. FILED

1928

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 8. 1928.

17.

I HEREBY CERTIFY That I attended deceased from March 28, 1926, to Nov. 8, 1928, that I last saw him alive on Nov 7, 1928, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
8:55 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 78 (duration) yrs. mos. da.

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 Clinical

(Signed) J. P. Beach, M. D.
11/8/1928 (Address) State Hosp #2

*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

Driplett, Mo Nov. 9, 1928

20. UNDERTAKER

ADDRESS

E. R. Sidenfaden 602 So. 10th

PERMANENT RECORD
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.

