

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

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1. PLACE OF DEATH
 County Anderson Registration District No. 28 File No. _____
 Township Beltrina Primary Registration District No. 3002 Registered No. 7
 City Mexico (No. 603 South Jefferson St. 8 Ward)

2. FULL NAME Jessie Maddox
 (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 yrs. 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 Bernice Maddox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-14-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>1</u>	<u>13</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Callaway Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Josh. Maddox

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

12. MAIDEN NAME OF MOTHER Eliza Morris

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-1929

17. I HEREBY CERTIFY that I attended deceased from Nov 1 1928 to Jan 17 1929 that I last saw him alive on Dec 16 1928, and that death occurred, on the date stated above, at 12:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
131
1670 (duration) yrs. mos. ds.
 CONTRIBUTORY Chronic Nephritis
Month or one year (secondary)

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) J. H. Hannon, M. D.
 (Address) 19 Mexico 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 Chick DATE OF BURIAL 1-18-1929
Old Ansonville Mo

20. UNDERTAKER H. H. Pecht & Son ADDRESS Mexico Mo

14. INFORMANT R. B. Buckner
 (Address) Mexico Mo

15. FILED Jan 18 1929 Ira S. Milligan
 REGISTRAR

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.

