

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

Do not use this space.

747

WRITE PLAINLY, WITH UNFADING INK--THIS IS A 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.

EB 1 1929
26
3
8

1. PLACE OF DEATH
 County..... Registration District No. 213
 Township..... Primary Registration District No.
 City Jefferson (No.) 3014 St. Ward

2. FULL NAME Clifford Madley
 (a) Residence. No. 1000 Jackson 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) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dec 18 - 1928

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
			<u>18</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John J Madley

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

12. MAIDEN NAME OF MOTHER Nora Brauemyer

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

14. INFORMANT J J Madley
 (Address) 1000 Jackson

15. FILED 1-16-29 Seibert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 29

17. I HEREBY CERTIFY That I attended deceased from Jan 1 1929, to Jan 5 1929, that I last saw him alive on Jan 9 1929, and that death occurred, on the date stated above, at 1000 Jackson.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
118
107B
 (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED _____
 (NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) H. J. Taylor M. D.
 (Address) Jefferson City 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 Stard Hill DATE OF BURIAL 1/7 29

20. UNDERTAKER Newman ADDRESS Jefferson City Mo

