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

Do not use this space.

2339

1929

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.

1. PLACE OF DEATH

County Linn — Registration District No. 501 — File No.

Township Locust Creek — Primary Registration District No. 4304 — Registered No.

City Linneus (No. — St. Ward)

2. FULL NAME Cosgrieve Hurt Maddox

(a) Residence. No. Linneus Mo St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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~~: Nannie Stanley Maddox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 1st 1865

7. AGE: Years 63 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer & Stockman
(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): Bucklin Twp Linn County Mo

PARENTS

10. NAME OF FATHER: Joseph Maddox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howard County Mo
12. MAIDEN NAME OF MOTHER: Amanda Hurt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Howard County Mo

14. INFORMANT: Mrs. C. H. Maddox
(Address) Linneus, Mo.

15. FILED 1/21, 1929 W. A. Taylor, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 16 19

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Jan 16, 1929, that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 12.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10 ds

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Carrico D.O. ~~M.D.~~
1/17, 1929 (Address) Linneus, 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: I.O.O.F. Cem. Linneus Mo — DATE OF BURIAL: Jany 18 1929

20. UNDERTAKER: M. Y. Rusk — ADDRESS: BROOKFIELD, MO.