

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

Do not use this space.

30922

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City, Mo. (No. St. Joseph Hosp)

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 3046
St. _____ Ward

2. FULL NAME

Mary Maddox
(a) Residence, No. 3012 Grand Ave St. 3 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>9</u>	<u>13</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Frankford Ind
(STATE OR COUNTRY)

10. NAME OF FATHER Welbey Jark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs. Berrie Maddox
(Address) 3012 Grand Ave

15. FILED 9/20, 1929 M. M. Corr REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1929

17. I HEREBY CERTIFY, That I attended deceased from her Sept 1st, 1929, to Sept 18th, 1929 that I last saw her alive on Sept 18th, 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
93C
111B
1 1/2 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Ch. Myocarditis
6 (duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 3012 Grand Ave

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) Joseph Sullivan, M. D.
9-20, 1929 (Address) 1219 North Blvd

*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 Forest Hill Cemetery DATE OF BURIAL Sept 21 1929

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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W. H. Young & Co. - 1219
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