

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

Do not use this space.

24050

AUG 26 1930

1. PLACE OF DEATH

County St. Clair
Township Roscoe
City Roscoe (No.)

Registration District No. 766
Primary Registration District No. 6911

File No.
Registered No.
St. Ward)

2. FULL NAME

Harry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 12 - 1930

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

I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 23 - 1905

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 2 19

a result of a play delivered feloniously by Theodore J. Acum of St. Clair Co. Missouri (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 17th B 1909 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Roscoe Missouri
(STATE OR COUNTRY)

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

10. NAME OF FATHER James Maddox

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe Co Missouri
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Samuel M. Cloney

12. MAIDEN NAME OF MOTHER Mary Deussen

, 19 (Address) Crown Point, Missouri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dunsmuir
(STATE OR COUNTRY) Waynesville Co. Ind.

*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.

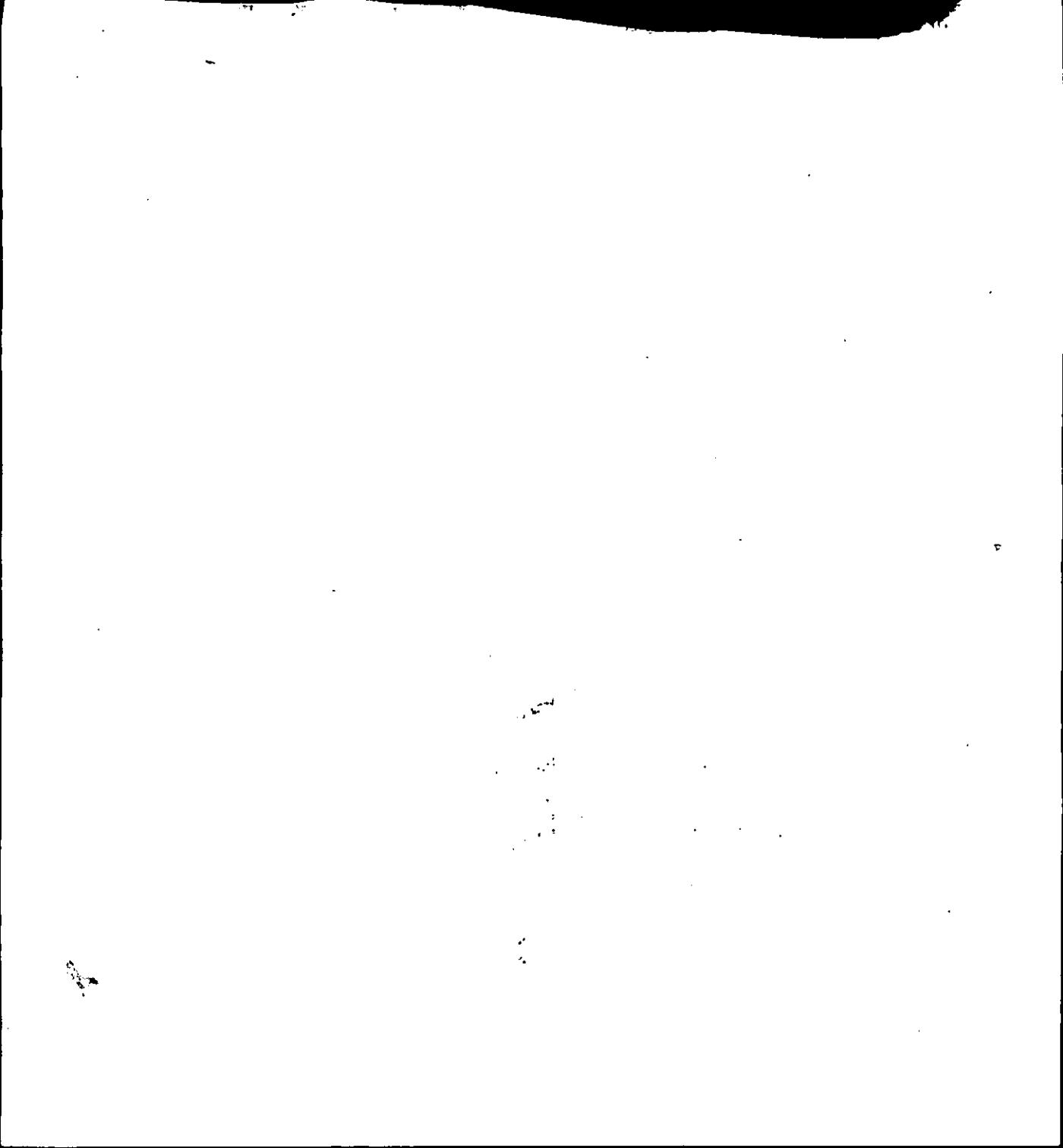
14. INFORMANT S. W. Blunt
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roscoe Cemetery DATE OF BURIAL July 13 1930

15. FILED 7/14/30 J. P. Green REGISTRAR

20. UNDERTAKER J. B. Goodrich ADDRESS Roscoe

N. B. - Cause of death should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH as far as possible. Exact statement of OCCUPATION is very important.



cated by check marks, lacking from the death certificate:

Name:

Henry Maddox

Who died at:

St. Clair Co., on *July 12, 1930,*

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____

Months _____

Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH:

A result of a blow

delivered feloniously by Theodore
Gocum in St. Clair Co., Missouri,

Contributory:

Homicide

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

Every item of information should be carefully checked and marked "DEATH" in plain ink.

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