

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 27083
Township Galena Primary Registration District No. 2009 Registered No. _____
City Joplin (No. _____) Frisman Hospital St. _____ Ward _____

2. FULL NAME Minnie Madden

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 60 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 Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>3</u>	<u>27</u>	

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

9. BIRTHPLACE (CITY OR TOWN): West Va
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Madden

11. BIRTHPLACE OF FATHER (CITY OR TOWN): W. Va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER E. C. Withers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): W. Va
(STATE OR COUNTRY)

14. INFORMANT Mrs. B. J. Hoskins
(Address) Exeter Springs, Kans.

15. FILED 8-30-30 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930

17. I HEREBY CERTIFY That I attended deceased from Aug 28 1930, to Aug 28 1930, that I last examined Aug 28, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following automobile accident in rural district of Carl Junction, Mo.
CONTRIBUTORY (SECONDARY) 210M
(duration) _____ yrs. mos. ds.

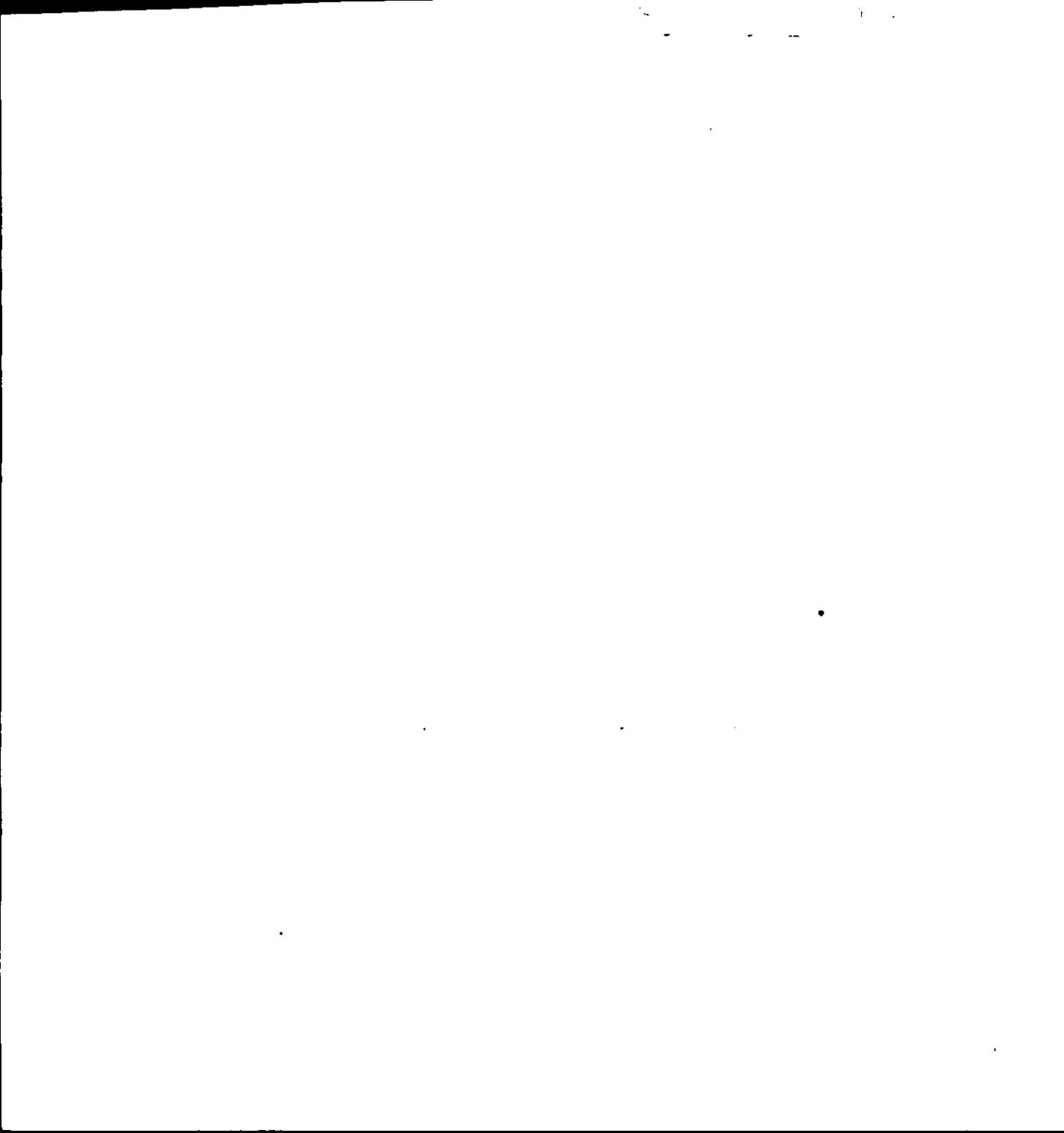
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Levy Simmons M. D.
Aug 18, 1930 (Address) Coroner Jasper Co.

*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 Carl Junction, Mo. DATE OF BURIAL Aug 29 1930

20. UNDERTAKER W. J. Cooney ADDRESS Carl Junction, Mo.

PARENTS



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No.
 Township Primary Registration District No. 2002 Registered No.
 City Joplin (No.) St. Ward

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

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

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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) 10711 30 Pearson Clark

15. FILED 10711 30 Pearson Clark REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Shock following automobile accident. Was a passenger car and called in county. Driver drunk as per report reported to date. Was night accident occurred in road daylight.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19...

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

(Signed) Henry Simmons, M.D.
 10711 30 Pearson Clark
 State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE mention (1) MANNER AND MANNER OF DEATH, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL
by H. A. Pearson Clark

NOT RECEIVE A FEE FOR REGISTRARS SIGN

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