

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

Do not use this space.

1705

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.

4-21 PLACE OF DEATH
 4 Registration District No. H 0 7
 Township Jasper Primary Registration District No. 4 2 4 1
 4 City Carterville (No.) St. Ward)

2 FULL NAME Leont Maddison
 (a) Residence, No. H. S. E. Hall St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southfield Mo

FATHER
 13. NAME George Maddison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

MOTHER
 15. MAIDEN NAME Susan Fountain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs Susan Maddison
Carterville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville DATE 1/30 1931

19. UNDERTAKER Walt City Undert. Co.
 (ADDRESS) Walt City Mo.

20. FILED 1-29 1931 O. L. Gray
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1931

22. I HEREBY CERTIFY, That I attended deceased from 12 - 1 - 1930 to 1 - 28 1931
 I last saw him alive on 1 - 26 1931 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 1/10
Chronic gastritis 1921

Other contributory causes of importance:
940 (1)

Name of operation Date of
 What last confirmed diagnosis Chronic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) O. L. Gray M. D.
 (Address) Walt City Mo

