

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

Do not use this space.

41655

**1. PLACE OF DEATH**

County New Madrid Registration District No. 55  
Township Anderson Primary Registration District No. 4033  
City Anderson (No. ....) St. .... Ward ....

File No. ....  
Registered No. 935

**2. FULL NAME**

Charles Rufus Madden  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude Madden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 1880</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>0</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....		
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) <u>Anderson Co</u>		
13. NAME <u>James David Madden</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>And</u>		
15. MAIDEN NAME <u>Mary Elizabeth Mason</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru</u>		
17. INFORMANT (ADDRESS) <u>John Madden</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock Hill</u> DATE <u>Dec 21 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Paul Hubbard</u>		
20. FILED <u>Jan 10 1932</u> <u>M. V. Mamma</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1931 to Dec 21 1931  
I last saw him alive on Dec 20 1931 Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Tobacco Pneumonia Date of onset  
108 108

Other contributory causes of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
accident, suicide, or homicide? no 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 none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) R. B. Beets M. D.  
(Address) Anderson Mo

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.

JAN 28 1932

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

