

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

Do not use this space.

4853

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 710  
 Township Kan Primary Registration District No. 7503 Registered No. 710  
 City Kansas City (No. Purity Lutheran Hosp) . St. Mo. Ward

**2. FULL NAME**

(a) Residence, No. 1015 No. Alabama St. Ward. Indianapolis Ind  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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>Mrs. Ledia Maddox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, 1898</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>7</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>H. H. Goods</u>		
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>Kentucky</u>		
13. NAME <u>Lewis R. Maddox</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Harriet Gardner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Ledia Maddox</u> (ADDRESS) <u>Indianapolis, Ind.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jacksonville, Ind.</u> DATE <u>2-23, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Treeman Mortuary</u> <u>Kansas City, Mo.</u>		
20. FILED <u>2/22, 1932</u> M. D. <u>W. M. Cozine</u> Registrar		

**3**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1931, to 2/22, 1932  
 I last saw him live on Feb. 22, 1932 Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset 1/13/32  
Branch Pneumonia 12/13 2/14/32  
1208  
 Other contributory causes of importance: 107A

Name of operation yes (three) Date of 1/13  
 What test confirmed diagnosis? Was there an autopsy? yes

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?  
 If so, specify (Signed) O. Hofmann, M. D.  
 (Address) Kansas City, Mo

W. J. Farnsworth

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.

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kas Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Trinity Lutheran Hosp. St. \_\_\_\_\_ Ward)

File No. 716  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Orville Mattox

(a) Residence, No. 1015 N. Alabama St. St. Indianapolis, Indiana  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Goldia Mattox  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1898  
 7. AGE YEARS 33 MONTHS 7 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. H. Goods  
 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) Kentucky

13. NAME Lewis R. Mattox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Harriet Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Goldia Mattox (ADDRESS) Indianapolis, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasonville, Ind DATE 2-23 1932

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 2/19 1932 M. M. Cerow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance: ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

N. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCASION should be stated very important.

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City K. City (No. ....)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 776 St. .... Ward)

**2. FULL NAME**

Orville C. Mattox  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/22 1932 M. M. Croome Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

Intestinal obstruction (Date of onset) Appendicitis (suppurative) Bacterial pneumonia

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Otho H. Humeau, M. D.  
(Address) 806 Rialto Bldg

SUPPLEMENTARY

N. B.—Every part of information should be carefully recorded. AGE should be stated EXACTLY. CAUSE OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE. PRESCRIBED BY LAW.