

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

Do not use this space.

7595

1. PLACE OF DEATH

14 County Callaway  
Township Calwood  
City..... (No..... St..... Ward)

Registration District No. 108  
Primary Registration District No. 5157

File No.....  
Registered No.....

2. FULL NAME

Felitha Permelia 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

3. SEX <u>Female</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>Johnnie Maddox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 1869</u>		
7. AGE <u>63</u>	YEARS	MONTHS <u>1</u>
		DAYS <u>20</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>wife of farmer</u>	11. Total time (years) spent in this occupation <u>13 3/4</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2351 22 B</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adams Co Ill.</u>		
MOTHER	13. NAME <u>William B. Wilson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Clarissa Althizer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>John W. Maddox</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Church</u> DATE <u>Mar 16 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Taylor - Herndon</u>		
20. FILED <u>Mar 16 1932</u> <u>R. D. Simcoe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1932, to Mar 15 1932.  
I last saw him alive on Mar 14 1932. Death is said to have occurred on the date stated above, at 8:15 m.  
The principal cause of death and related causes of importance were as follows:  
intestinal paralysis of lower extremities Date of onset

Other contributory causes of importance:  
2351 22 B  
13 3/4

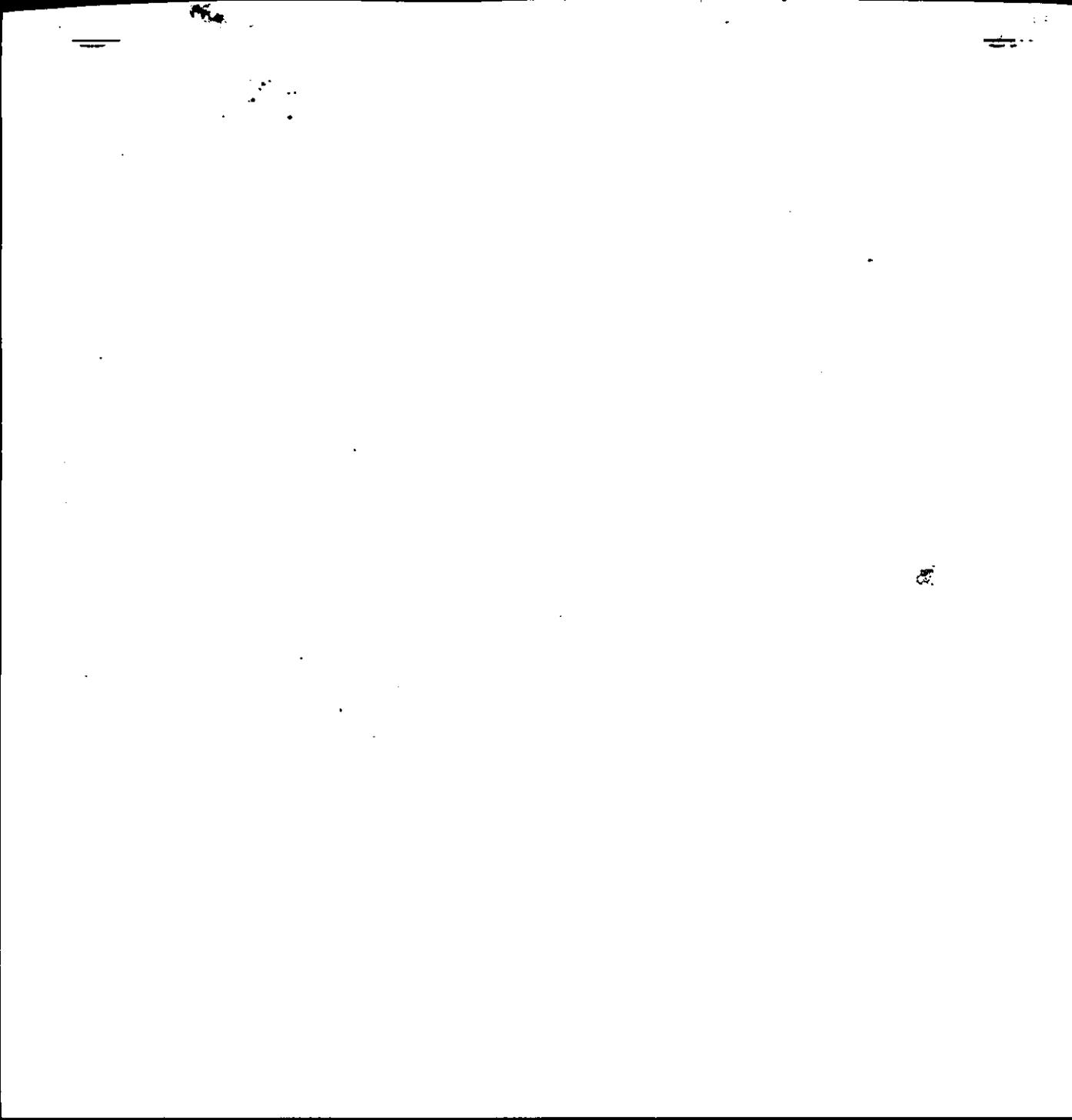
Name of operation Mrs Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury.....  
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 R. D. Simcoe, M. D.  
(Signed) Fulton Mo  
(Address)

APR 25 1932



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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Callaway  
Township Calwood  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 108  
Primary Registration District No. 5-157

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

2. FULL NAME Felitha Bernelia Malloy

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

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

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. 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)

13. NAME

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

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. Mar 11 1932 R. S. Sincere Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 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 \_\_\_\_\_ m.

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

Intestinal paralysis is  
of a severe enteritica  
type. It begins in feet & ankles  
extended up the limb to bowels  
causing suppression of  
bowels & obstruction

Date of onset

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) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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