

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

Do not use this space.

31841

1. PLACE OF DEATH

County Waller
Township W. Benton
City Buffalo (No. _____)

Registration District No. 241
Primary Registration District No. 11 1/2

File No. _____
Registered No. 643
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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Maddux</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1849</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. _____ min. _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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)
Mo. 1

13. NAME
James Maddux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
James Madison Mo.

15. MAIDEN NAME
W. Brown

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

17. INFORMANT
John Maddux
(ADDRESS) Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. Brown DATE 10-5-32

19. UNDERTAKER
L. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED 11/1/32 1932
J. H. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-32

22. I HEREBY CERTIFY That I attended deceased from Sept, 1931, to Oct 1, 1932

I last saw her alive on 10-1, 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

11.2
unknown brain disease
(family)
Other contributory causes of importance:
16.2

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) P. O. Hammer, M. D.

(Address) Buffalo 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.

OCT 3 5 1932

