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 22 1933

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

Do not use this space.

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No. 38679
2 Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 235
7 City Fulton (No. 4, ... St. ..... Ward)

2. FULL NAME Cyril A. Madison
(a) Residence, No. St Genevieve, Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1912
7. AGE: YEARS 20 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 117
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve, Mo

FATHER
13. NAME Jim Madison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilsnown 3 P

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

17. INFORMANT (ADDRESS) Records of State Hospital #1.
18. BURIAL, CREMATION, OR REMOVAL: PLACE Kirksville Mo DATE Dec 10 1932
19. UNDERTAKER (ADDRESS) Eli Bell Fulton, Mo
20. FILED Dec 8, 1932 R. N. Crews Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to Dec 1, 1932
I last saw him alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:
Gastric Hemorrhage. — Date of onset
59
Other contributory causes of importance:
Gastric Ulcer.
Diabetes Mellitis.
Acute Nephritis.
(1)
Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Tests Was there an autopsy? No

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) T. S. Lapp, M. D.
(Address) Fulton, Mo.