

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

Do not use this space.

36935

PLACE OF DEATH

County Jasper
Township Wells City
City Wells City (No. _____) St. _____ Ward _____

Registration District No. 417
Primary Registration District No. 3821

File No. _____
Registered No. 88

2. FULL NAME

(a) Residence, No. 1316 Nelson 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 Female 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 W. Stewart Madley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	67	9	17	

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

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) Parkwood
(STATE OR COUNTRY) Missouri

13. NAME S. M. Madley

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

15. MAIDEN NAME Sarah J. Sumner

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

17. INFORMANT W. S. Madley
(ADDRESS) Wells City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 11/24 1933

19. UNDERTAKER Wells City Undert Co.
(ADDRESS) Wells City, Mo.

20. FILED 10-24 1933 J. L. Corning
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1933, to 10-23 1933.

I last saw her alive on 10-21 1933. Death is said to have occurred on the date stated above, at 8:00 m.

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

Cerebral hemorrhage Date of onset 11-16-33

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 J. L. Corning M. D.
(Signed) J. L. Corning
(Address) Wells City, Mo.

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

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.

11-29

11-29

