

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**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

MAR 24 1934

9429

**1. PLACE OF DEATH**

50 County Jefferson Registration District No. 45  
 Township Big River Primary Registration District No. 5377  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Stella Madison  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1885  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 4 9 \_\_\_\_\_

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
 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 30

12. BIRTHPLACE (CITY OR TOWN) Hubville (STATE OR COUNTRY) Mo

FATHER  
 13. NAME James Madison

14. BIRTHPLACE (CITY OR TOWN) Texas County (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Eleanor Drinnen

16. BIRTHPLACE (CITY OR TOWN) House Hill (STATE OR COUNTRY) Mo

17. INFORMANT Bert Madison (ADDRESS) St. Marys

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Cem DATE 3/10/34

19. UNDERTAKER J. Drinnen (ADDRESS) House Springs, Mo

20. FILED Mar. 9, 1934 W. E. Eaton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1934

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 8:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Epilepsy  
Coronary  
Inquest  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) A. L. Hilbert M. D.  
Acting Coroner  
High Ridge Mo.

