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

Do not use this space.

File No. 17638

Registered No. 29

1. PLACE OF DEATH

County Perry Registration District No. 660

Township Central Primary Registration District No. 6878

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Roy Clarence Maddock

(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.

JUN 25 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR WIFE OF~~ Ruth (Laumann) Maddock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	4	16	

OCCUPATION

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

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) Feb. 1934 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Missouri

FATHER

13. NAME Henry L. Maddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

MOTHER

15. MAIDEN NAME Celeste Elder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) Herbert Maddock, (Bro.)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 5/29/34, 19....

19. UNDERTAKER (ADDRESS) Young + Fenwick Perryville, Mo.

20. FILED May 29, 1934 Ed L Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, 19....., to May 26, 1934, 19.....
I last saw him alive on May 26, 1934, 19..... Death is said to have occurred on the date stated above, at 11:15 m P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hypostatic	5-24.
Cerebral- Spinal Lues	1932

34
1113 34

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? Wasserman 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) John H. Graff, M. D.
(Address) Perryville, Mo.