

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

Do not use this space.

1. PLACE OF DEATH

County Bancroft
Township Rockyfork
City (No. _____) _____

Registration District No. 74
Primary Registration District No. 5113

File No. 19197
Registered No. 17
St. _____ Ward _____

2. FULL NAME

William Preston Maddox

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE 72 YEARS MONTHS _____ DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Howard Co., Mo.
13. NAME James Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.
15. MAIDEN NAME Lucy Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.
17. INFORMANT (ADDRESS) Preston Maddox
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cem. Columbia, Mo. DATE 6/21 1934
19. UNDERTAKER (ADDRESS) M. J. Sturgis, Mo.
20. FILED 6-21-1934 Mrs. H. J. Fawcett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1934
22. I HEREBY CERTIFY, That I attended deceased from June 13 1934, to June 19 1934
I last saw him alive on June 19 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
Infections
Frank's Abscess in R. Hip joint
1908
Other contributory causes of importance: _____
Date of onset _____

Name of operation Opening of R. Hip 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) W. A. Robinson, M. D.
(Address) Sturgeon, Mo.

RECORD

MINNEY, WITH U

Information should be carefully submitted in plain terms, so that it may be properly understood. PHYSICIANS should state cause of OCCUPATION is very important.

JUL 20 1934

VAN RAVENSWAAY CLINIC

BOONVILLE, MISSOURI

RECEIVED

JUL 11 1934

THE STATE BOARD OF HEALTH
OF MISSOURI

August 8, 1934

OFFICES
VICTOR BLDG.
PHONE 105

VAN RAVENSWAAY
VAN RAVENSWAAY
HIEGLER

Mrs. F. L. Faucett
Hallsville
Missouri

Dear Mrs. Faucett:

We cannot say whether or not this was a tuberculous abscess of the joint. Our clinical record does not state; we were unable to determine this.

Very truly yours,

Chas. Ravenswaay
Drs. Van Ravenswaay
Boonville, Missouri *(By Dr.)*

CHR:NR

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boone
Township Peck Fork
City Boone No. _____

Registration District No. 74
Primary Registration District No. 5113

File No. _____
Registered No. 17
St. _____ Ward) _____

2. FULL NAME

Wm Preston Maddox

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 - 30

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 19 Mrs. F. L. Fawcett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1964

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Infection from abscess on R hip

Date of onset _____

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 _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

READING BOOK--THIS IS A PERMITS UNIT RE

N. B. Rev. CA ST

JAW.