Knight

DEC 1 4 1934

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

Do not use this space.

38980

1. PLACE OF DEATH

32 County DeKalb — Registration District No. 263 — File No. 10

Township DALLAS — Primary Registration District No. 5365 — Registered No. 10

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

2. FULL NAME Donnis Genevieve Maddock

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1934

7. AGE — YEARS — MONTHS — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) DeKalb Co.

FATHER

13. NAME Oscar Maddock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co

MOTHER

15. MAIDEN NAME Frankie Brissey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville

17. INFORMANT (ADDRESS) Oscar Maddock Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maysville Cem DATE 10/ 10-34 19

19. UNDERTAKER (ADDRESS) U G Pilcher Maysville Mo

20. FILED Nov. 22, 1934 James Nitzgraik Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 - 3, 1934, to 11 - 10, 1934

I last saw her alive on 11 - 9, 1934. Death is said to have occurred on the date stated above, at 24 m.

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

Marasmus. — Date of onset

159

Other contributory causes of importance:

Premature

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? no

If so, specify .....

(Signed) L B Knight, M. D.

(Address) Maysville Mo

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.