

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

Do not use this space.

2084

**1. PLACE OF DEATH**

County Marion Registration District No. 548 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4323 Registered No. 86  
 City Palmyra, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Phyllis Jean Maddox

(a) Residence, No. Palmyra, Mo. 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
		5	4	

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) Palmyra, Mo.

13. NAME ~~XXXX~~ Claude Maddox

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

15. MAIDEN NAME Margaret Happel

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

17. INFORMANT Claude Maddox  
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenwood Cem. DATE Jan. 8, 1934

19. UNDERTAKER Lewis Brothers  
 (ADDRESS) Palmyra, Mo.

20. FILED Jan. 8, 1935 Gertrude

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26th, 1934, to Jan. 7th, 1935  
 I last saw her alive on Jan. 7th, 1935 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:  
Primary Broncho pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clin. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. W. C. O'Neal, M. D.  
 (Address) Palmyra, Mo.

N. B.—Every item of information should be carefully supplied. JE 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.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Jan  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Marion

Registration District No. 548

File No. 2084

Township Palmira

Primary Registration District No. 4323

Registered No. 86-1

City Palmira (No.     )

St.      Ward     

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 - 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 - 1934 to Jan. 7 - 1935

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

I last saw him alive on Jan. 12 - 1935. Death is said to have occurred on the date stated above, at 12:30 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 5 4

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

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

Date of onset

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

Other contributory causes of importance:

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE DATE '19

Nature of injury

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

20. FILED Jan. 8 - 1935 Vertrude Lee Registrar

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Every record 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.

DUPLICATE

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