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.

SEP 18 1935

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

Do not use this space.

25632

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 8169

City ST. JOSEPH (No. 512 So. 21st. St. Ward)

2. FULL NAME Robert Madison

(a) Residence, No. 512 So. 21st 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 24, 1934

7. AGE: YEARS 0 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.

FATHER

13. NAME: Wm. Madison Jr.,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.,

MOTHER

15. MAIDEN NAME: Luvenia Mays,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia, " "

17. INFORMANT (ADDRESS): Lena Mays, 512 So. 21St St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE 8/19/1935

19. UNDERTAKER (ADDRESS): RAMSEY'S MORTUARY 9th & Olive Sts.,

20. FILED 8-19- 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from 17 Aug, 1935, to 17 Aug, 1935
I last saw him alive on 17 Aug, 1935. Death is said to have occurred on the date stated above, at 10 p.m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	14 Aug 35

Other contributory causes of importance: Heat Wave

Name of operation: [illegible] Date of: [illegible]
What test confirmed diagnosis? Clear 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) [illegible], M. D.
(Address) St Joseph Mo