

MAR 23 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11540

1. PLACE OF DEATH

County Madison Registration District No. 538
Township _____ Primary Registration District No. 3028
City Fredericktown (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 23

2. FULL NAME Masie Viola Madison

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓

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) Fredericktown

MOTHER 13. NAME Cooper Madison

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

15. MAIDEN NAME Verneida Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Madison Co

17. INFORMANT Cooper Madison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Mar 2, 1936

19. UNDERTAKER E. H. Mett (ADDRESS) Fredericktown

20. FILED In ch 1, 1936 B. C. Slaughter Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2 - 29, 1936 to 3/1, 1936
I last saw him alive on 2/29, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

Date of onset _____

Other contributory causes of importance: None

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 _____, 1936

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) W. Harry Pearson, M. D.
(Address) Fredericktown Mo

By C. A. Schwaner

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.

