78.

APR 11 1936 # 1936

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

Do not use this space.

13224

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. Barnes Hosp. St. ..... Ward)

File No.....

Registered No. 3308

2. FULL NAME Maude Bennett Danby

(a) Residence, No. ..... St., ... Ward. Cairo Ill.
(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: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edw. L. Danby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23, 1889 ~~Unknown~~

7. AGE: Years 46 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Cairo Ill.

FATHER

13. NAME: Louis A. Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. ~~Unk.~~

MOTHER

15. MAIDEN NAME: Unk

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

17. INFORMANT (ADDRESS): Edw. L. Danby Cairo, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Viola Ridge Ills DATE March 29, 1936

19. UNDERTAKER (ADDRESS): Frank A. Karcher 325-8 Street Cairo Ills

20. FILED MAR 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/27, 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3^00 A.m.

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

Date of onset

Hydrophobia; resulting from dog bite received from stray dog on public street about Jan. 25, 1936 (no serum given)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes.

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury Abt. Jan 25, 1936

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

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

Manner of injury: Bit by mad dog.

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify.....

(Signed) Harold [illegible], M. D.

(Address) Dep. [illegible]

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.

WRITE PLAINLY, WITH INKPAD. THIS IS A PERMANENT RECORD