JUL 21 1936

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

Do not use this space.

File No. 22694

Registered No.

1. PLACE OF DEATH
County Howell Registration District No. 384
Township Primary Registration District No. 4227
City West Plains (No. , St. Ward)

2. FULL NAME William Abraham Madding

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1863

7. AGE: Years 73 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Contractor
10. Date deceased last worked at this occupation (month and year) 25 yrs.
11. Total time (years) spent in this occupation 30 yrs

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

FATHER
13. NAME Acey Madding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Betti Shelts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT H. B. Madding
(ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopedale CHRISTIAN Co DATE June 11 1936

19. UNDERTAKER B. C. Clapp
(ADDRESS) Ozark Mo

20. FILED 6-11 1936 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9th 1936, to June 9th, 1936, 19

I last saw him alive on June 6th 1936. Death is said to have occurred on the date stated above, at 6 45 pm.

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

	Date of onset
Appoplexy, cerebral haemorrhage left side.	6/6/36

Other contributory causes of importance: Arterio sclerosis, **

Name of operation none Date of

What test confirmed diagnosis? clinical 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) A. A. Thomsberry, M. D.
(Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MOM-3-28-35