

JUL 23 1936

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

Do not use this space.

23386

53

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No.) St. Ward)

Registration District No. 461
Primary Registration District No. 3024

File No.
Registered No.

2. FULL NAME

Lucille Mady

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lexington, MO. (STATE OR COUNTRY)

13. NAME Louis Parker

14. BIRTHPLACE (CITY OR TOWN) Fulton, MO. (STATE OR COUNTRY)

15. MAIDEN NAME Jennie Sparks

16. BIRTHPLACE (CITY OR TOWN) Lexington, MO. (STATE OR COUNTRY)

17. INFORMANT Will H. Mady (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo DATE June 23, 1936

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED June 23, 1936 Fay B. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY That I attended deceased from June 4 - 1936 to June 20 - 1936
I first saw her alive on June 18, 1936. Death is said to have occurred on the date stated above, at 11:15 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Date of onset June 18, 1936

Other contributory causes of importance: no anything

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 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) J. O. Hall M. D.
(Address) Lexington, Mo

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.

