

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.

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

Do not use this space.

JUL 24 1936

23599

1. PLACE OF DEATH

County Mississippi Registration District No. 567
Township St. James Primary Registration District No. 5763
City (No.) (No.) St. (No.) Ward (No.)

File No. _____

Registered No. 49

2. FULL NAME

Claude Ray Maddox

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 12 AM.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1936

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

22. I HEREBY CERTIFY That I attended deceased from June 8 to June 12, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1-1935

I last saw h. alive on June 12, 1936 Death is said to have occurred on the date stated above, at 12 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

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

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. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Dysentery Date of onset June

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo.

13. NAME Charlie Maddox

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Marshall Younger

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Char. Maddox

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____ Nature of injury _____

PLACE Lin Hook Cem. DATE June 12, 1936

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) Frank Fair Funeral Service

If so, specify _____

Charleston Mo.

(Signed) E. Martin, M. D.

20. FILED June 12, 1936 Cluff M. Hodge Registrar

(Address) E. Martin

