

DEC 30 1936

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

Do not use this space.

42174

1. PLACE OF DEATH

County Pike
Township Sumner
City Bowling Green (No. _____)

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

Lucinda Madison

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John R. Madison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 24 1892</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>2</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
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) <u>Pike Co Mo</u>
13. NAME <u>J. L. Harris</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
15. MAIDEN NAME <u>Miss Luck</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>John Johnson</u> (ADDRESS) <u>Bowling Green Mo</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Bowling Green Mo Nov. 11 1936</u>
19. UNDERTAKER (ADDRESS) <u>W. H. Thompson</u> <u>Bowling Green Mo</u>
20. FILED <u>12-11-36</u> 19 <u>36</u> <u>W. H. Thompson</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-36 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to 11-9-36, 1936

I last saw her alive on 11-9-36, 1936. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic Intractable Nephritis Date of onset 1934

Other contributory causes of importance:

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? _____
If so, specify _____
(Signed) T. H. Wipacoyen, M. D.
(Address) Bowling Green 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.

