

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

Do not use this space.

JAN 28 1937

43732

1. PLACE OF DEATH

County BATES

Registration District No. 50

Township

Primary Registration District No. 3004

City BUTLER No. Hospital

File No. _____

Registered No. 116

St. _____ Ward _____

2. FULL NAME

LOIS ADA MADDOCK

(a) Residence, No. RICH HILL RT 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED, MARRIAGE OF (OR) WIFE OF _____

MADDOCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 17 - 1895

7. AGE YEARS 41 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

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) BATES Co. MO.

FATHER 13. NAME JAMES McCULLOCH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER Co. MO.

MOTHER 15. MAIDEN NAME FLORENCE ELLISON

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

17. INFORMANT JAMES McCULLOCH (ADDRESS) RFD RICH HILL MO

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE DEC. 28, 1936

19. UNDERTAKER BOOTH SERVICE (ADDRESS) RICH HILL MO

20. FILED Dec 28 1936 Nina L. Culver Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 26, 1936.

I last saw her alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Staphylococci Sepsis Shock
Septicemic Pneumonia

Date of onset _____

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) Nina L. Culver, M. D.

(Address) Rich Hill, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

