

SEP 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Anderson
Township East Park
City Mexico Mo (No. St. Ward)Registration District No. 26
Primary Registration District No. 3002File No.
Registered No. 135

48747

2. FULL NAME

(a) Residence, No. 908 W. Kathey St. 3rd Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14-1936</u>		
7. AGE	YEARS	MONTHS
	<u>July Born</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico Mo</u>		
FATHER	13. NAME <u>Ernest Maddox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Junction City Mo</u>	
MOTHER	15. MAIDEN NAME <u>Hazel Huff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo</u>	
17. INFORMANT <u>Ernest Maddox</u> (ADDRESS) <u>Mexico Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood-Mexico</u> DATE <u>Aug. 15-1936</u>		
19. UNDERTAKER <u>M. P. Peters & Co.</u> (ADDRESS) <u>Mexico Mo</u>		
20. FILED <u>Aug. 14 1936</u> <u>Blanche Neely</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14th 193622. I HEREBY CERTIFY, That I attended deceased from Aug-14 1936

I last saw h. alive on 19..... 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:

Stell Bone
2nd Child of
Union Sisters

Other contributory causes of importance:
Unknown

Date of onset

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? No

If so, specify

(Signature) R. H. Van Dyke(Address) Mexico Mo

