

JUN 17 1937

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

Do not use this space.

19651

1. PLACE OF DEATH

13 County *Cass*  
Township *Osage*  
City *Neosho* (No. *1*)

Registration District No. *117*

Primary Registration District No. *5767*

File No. *21*

Registered No. *1*

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hettie A. Maddox*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 6 - 1881*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*55 7 20*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Arkansas*

13. NAME *Richard Calton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Leitha Hibdon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morgan Co. Mo.*

17. INFORMANT (ADDRESS) *Mrs. Geo. Calton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rock Dale Cem* DATE *Apr 29, 1937*

19. UNDERTAKER (ADDRESS) *M. J. Kidwell*

20. FILED *June 10, 1937* *Lizzie Miller* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 26, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 20, 1936* to *Apr 23, 1937*

I last saw him alive on *Apr 23, 1937* Death is said to have occurred on the date stated above, at *6 P.* m.

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

*Cancer of Liver* Date of onset *2 yrs*

Other contributory causes of importance: *46*

Name of operation *none* 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 \_\_\_\_\_

(Signed) *S. A. Newton*, M. D.

(Address) *Neosho, Mo.*

*gm*

