JUL 26 1937

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

Do not use this space.

6

1. PLACE OF DEATH
County: Barton
Township: Central
City: (No. , St. Ward)

Registration District No. 44
Primary Registration District No. 5066 2 1

File No. 3 23106
Registered No.

2. FULL NAME: Mary Ellen 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 3 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. H. Madison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 3-1887

7. AGE: Years 49 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

35

OCCUPATION

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

FATHER

13. NAME: Murdith Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Martha Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: R. H. Madison
(ADDRESS): Jantha, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jantha Cem. DATE: June 23, 1937

19. UNDERTAKER: Konantz's
(ADDRESS): Lamar, Mo.

20. FILED 6-23-1937 G. E. Hocker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to June 21, 1937

I last saw her alive on June 21, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Coronary Occlusion	June 21 1937

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Vern T. Bickel, M. D.
(Address) Lamar, Mo.