

57
1
JUL 3 0 1937

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

Do not use this space.

File No. 24197
Registered No. 94
St. _____ Ward _____

1. PLACE OF DEATH

County Livingston
Township _____
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

2. FULL NAME

Ethel Maddox
(a) Residence, No. 401 Park St., _____ Ward. _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Al Maddox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25, 1878</u>		
7. AGE	YEARS	MONTHS
<u>34</u>	<u>59</u>	<u>1</u>
		DAYS
		<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 -, 1937, to June 24 -, 1937
I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 6:34 P.M.
The principal cause of death and related causes of importance were as follows:
Fruity degeneration of heart.
Date of onset _____

Other contributory causes of importance: ABC

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cane City Ky.

FATHER

13. NAME Judson Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME May Dougherty

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

17. INFORMANT M. R. Dougherty (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cane City Ky. DATE 6/26/37

19. UNDERTAKER Minushagen Chillicothe (ADDRESS)

20. FILED JUNE 25 1937 Harold W. Howell, Jr. Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Examination 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. _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) H. M. G. Nash, M. D.
(Address) Chillicothe - Mo.

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.

