

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway

Registration District No. 104

File No. 44906

Township Fulton

Primary Registration District No. 3008

Registered No. 304

City Fulton

St. _____ Ward _____

2. FULL NAME

Richard James Madley

(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 0 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henrietta Allion Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1854</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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)	<u>Callaway Co. Mo.</u>	
FATHER	13. NAME <u>Mike Madley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Lattie Dudley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Hosp. Records, Fulton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ham Prairie</u> DATE <u>Dec 27</u> 19 <u>37</u>		
19. UNDERTAKER <u>Leo F. Wallace</u> (ADDRESS) <u>Fulton, Mo.</u>		
20. FILED <u>Dec 27, 1937</u> <u>R. M. Green</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Dec. 27, 1937
I last saw h. i. m. alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Acute Cardiac Insufficiency Date of onset D.K.

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Geo. R. Muehly, M. D.
(Address) Fulton Mo.

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.

