

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
Township St. Aubert
City (No. _____) _____ St. _____ Ward _____

Registration District No. 105
Primary Registration District No. 5154

File No. 44917
Registered No. 29

2. FULL NAME

Oliver Eugene Maddox

(a) Residence, No. _____ 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Callaway Co Mo
Rt 4 Mokane

FATHER 13. NAME Oscar Maddox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

MOTHER 15. MAIDEN NAME Ella Bertha

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

17. INFORMANT (ADDRESS) Leo Maddox
Rt 6 Fulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Stadman Mo DATE Dec 5 1937

19. UNDERTAKER (ADDRESS) Geo. G. Skallace
Fulton Mo

20. FILED 12-04 1937 W. H. Williamson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 3 1937, to Dec - 4 1937
I last saw him alive on 12-4 1937 Death is said to have occurred on the date stated above, at 1 p.m.

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

Edema of Lungs Date of onset 12-2-37

Other contributory causes of importance: acute laryngitis

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? _____
If so, specify _____

(Signed) W. O. Payne, M. D.
(Address) Fulton, Mo Rt 6

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.

