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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Todd

REC'D APR 23 1938

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

Do not use this space.

File No. 12367

Registered No. 91

1. PLACE OF DEATH

County Vernon | Registration District No. 875

Township | Primary Registration District No. 3039

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Eleanor Madison

(a) Residence, No. 402 E. Atlantic St., Ward.
(Usual place of abode) (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: F.

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 Charles Madison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 1864

7. AGE: Years 73 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Utica New York

FATHER

13. NAME Drumbull

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles T. Madison Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Apr. 4 1938

19. UNDERTAKER (ADDRESS) Allen V. Keaney Nevada Mo.

20. FILED 4-3 1938 Allen V. Keaney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to April 1st 1938

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Spinal Sclerosis	
81 Yr	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) [illegible], M. D.

(Address) Nevada, Mo.