

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

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

Do not use this space.

15376

1. PLACE OF DEATH

County New Madrid

Township Conno

City (No.) St. Ward

Registration District No. 605-

Primary Registration District No. 4339

File No.

Registered No.

2. FULL NAME Sam Madden 360

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. ~~UNMARRIED~~ WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Marguerite Madden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860-2-11

7. AGE

YEARS 78

MONTHS 1

DAYS 29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Tenn

FATHER

13. NAME

Hugh Madden

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

U.S.A.

MOTHER

15. MAIDEN NAME

Fancy Conder

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

USA

17. INFORMANT (ADDRESS)

John Madden East Prairie, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parma Cemetery DATE Apr 12 1938

19. UNDERTAKER (ADDRESS)

J. C. Knight Parma Mo

20. FILED

4/11 1938 Dr. C. W. ... Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 1938 to Apr 10 1938. I last saw him alive on Apr 10 1938. Death is said to have occurred on the date stated above, at 10 P.M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of 7/4

What test confirmed diagnosis Clinical Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) Dr. C. W. ... M. D.

(Address) Parma, Mo

