

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20304
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 1306a St. Louis Ave.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel A. Madison

(a) Residence, No. St. NR Hardin, Ill.
 (Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Ill.

FATHER 13. NAME John Madison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Ill.

MOTHER 15. MAIDEN NAME Sara Sweeney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Ill.

17. INFORMANT (ADDRESS) Mrs Cora Thomas
1306a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin, Ill. DATE June 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe
429 North Euclid Ave.

20. FILED JUN 16 1938 J. P. Brubaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938 to June 15, 1938
 Last saw him alive on June 15, 1938 Death is said to have occurred on the date stated above, at 10:A m.

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

Carcinoma of Rectum Date of onset 1936
Chronic Nephritis 1936

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) Allen H. Roe M. D.
 (Address) 2712 N. 14th St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *J. S. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.