

DEC'D OCT 19 1938

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

31858
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 105
(b) Township St. Aubert Primary Registration District No. 5154 Registered No. 19
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME E. J. Maddox 37.11
(a) Residence, No. Edinhal Jackson St. (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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Maddox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1864
7. AGE YEARS 74 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Callaway County (STATE OR COUNTRY) Missouri

13. NAME Mike Maddox

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME Mary Dudley

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

17. INFORMANT Mrs. E. J. Maddox (ADDRESS) Lehbeta

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmer Cemetery Lehbeta DATE Sept 6, 1938

19. FUNERAL DIRECTOR (NAME) Glen Y. Mansin (ADDRESS) 700 Court St. Fulton, Mo.

20. FILED Sept 6, 1938 W. W. Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1937 to 9-5, 1938
I last saw him alive on 9-3, 1938 Death is said to have occurred on the date stated above, at 3:30 PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Cystitis

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? no
If so, specify W.D. Payne, M. D.
(Signed) W.D. Payne

(Address) 127 R# 6 Fulton

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

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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, 9/5/38

....., or by

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

Signed.....

Licensed Embalmer No.....

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.