JAN 11 1938

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

Do not use this space.

42558

File No.
Registered No. 24

1. PLACE OF DEATH
County: Callaway
Township: St Aubert
Registration District No. 105
Primary Registration District No. 5154
City (No. St. Ward)
3.20

2. FULL NAME: Donald Leo Maddox
(a) Residence, No. R#1 Mexico 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: 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: Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-4-1937

7. AGE: Years 1 | Months 4 | Days 3 | If LESS than 1 day, ...hrs. or ...min.

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): Fulton R # 6 Mo

FATHER
13. NAME: Leo Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Mo

MOTHER
15. MAIDEN NAME: Katherine Diehl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Mo

17. INFORMANT (ADDRESS): Leo Maddox Steedman, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Steedman, Mo DATE: Dec 8, 1938

19. UNDERTAKER (ADDRESS): Leo & Wallace Fulton, Missouri

20. FILED: 12/8/ 1938 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from accidental death, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning, accidental from falling in well	

Other contributory causes of importance:

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?
If so, specify
(Signed) W. D. Payne, M. D.
(Address) R # 6 Fulton

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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.