

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.

RECD DEC 11 1939

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

38505  
Do not use this space.

4269

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002  
(c) City Kear (d) Street No. Carl Hosp #2 St.  
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

320 HAYWARD MADDOX  
(a) Residence, No. 1748 madison St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-6-1899</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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) (STATE OR COUNTRY) <u>Kear</u>		
FATHER	13. NAME <u>James Maddox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
MOTHER	15. MAIDEN NAME <u>Julia Swanson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>	
17. INFORMANT (ADDRESS) <u>Julia Maddox</u> <u>1748 madison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodsworth, Kans</u> <u>119-39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Johnson &amp; Greenstreet</u> <u>Kear</u>		
20. FILED <u>Nov 8</u> 19 <u>39</u> <u>M. M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-39, 19

22. I HEREBY CERTIFY, That I attended deceased from

19... to... 19...  
I last saw him alive on... Death is said to have occurred on the date stated above, at...  
The principal cause of death and related causes of importance were as follows:

Sustained wound of chest  
Demerol  
Date of onset

Other contributory causes of importance: 172

Name of operation... Date of...  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide... Date of injury 11-5-39Where did injury occur? Woodsworth, Kans  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot in right chestNature of injury Bullet wound of chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Demerol (Signed) Dr. J. M. Brown, M. D.(Address) Kear

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

Signed.....

*Edw. J. Evans*

Licensed Embalmer No.....

*3836*

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.**