FILED FEB 7 19[illegible]

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

Do not use this space.

3049

File No. .....

Registered No. 29

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. 3029

City Hannibal (No. St. Elizabeth Hospital St. ..... Ward)

2. FULL NAME Janet Lynn Maddox 390

(a) Residence, No. 2216 Hope 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1939

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

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

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) Hannibal Mo 0

FATHER

13. NAME Elbert Maddox 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo 0

MOTHER

15. MAIDEN NAME ~~Ruby~~ Ruth Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo

17. INFORMANT (ADDRESS) Elbert Maddox 2216 Hope Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grandview Burial Park DATE Dec-24-1939

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Jan. 18 1940 W S Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-23-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1939, to 12-23, 1939

I last saw her alive on 12-23, 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Cerebral hemorrhage — Date of onset 12-23-39

Face presentation — chin posterior — traumatic forceps delivery — marked contraction ring preventing version —

Other contributory causes of importance:

160 B

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 .....

(Signed) Howard [illegible], M. D.

(Address) Hannibal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo[illegible]

Michael J O'Connell
3246
Hannibal. Mo