FILED SEP 5 1941

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

Do not use this space.

28081

File No.
Registered No. 15

1. PLACE OF DEATH
County: Clinton
Registration District No. 206
Primary Registration District No. 4124
Township
City: Lathrop (No. St. Ward)

2. FULL NAME: Minnie Lee Maddox.

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 38 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles S. Maddox.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26 1893

7. AGE: Years 67 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeping
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 COUNTY): Trimble County Ky.

FATHER
13. NAME: David T. Pyles.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Trimble County Ky.

MOTHER
15. MAIDEN NAME: Inez Pyles.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Trimble Co. Ky.

17. INFORMANT (ADDRESS): Mrs Charles Walsh Oklahoma, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lathrop Mo DATE: 7-3 1941

19. UNDERTAKER (ADDRESS): De Moss Crunk Lathrop Mo

20. FILED 7-3- 1941 E B Samuelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30 1941

22. I HEREBY CERTIFY That I attended deceased from 10-18, 1940 to 6-30, 1941
I last saw her alive on 6-30, 1941 Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (diffuse)	6-27-41

Other contributory causes of importance: Dangerous Cholecystitis

Name of operation: None 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) Henry Peterry M. D.O.
(Address) Lathrop Mo.

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

No. 2B
—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28081

Registration District No. 206 Primary Registration District No. 4124 Registrar's No. 15

1. PLACE OF DEATH
(a) County Clinton
(b) City or town Lathrop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Lathrop
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie L. Maddox
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10-6-41 (Date received local registrar) (b) E B Dunkerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 41 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY