

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

1891 SEP 15 1939

29707
 Do not use this space.

1. PLACE OF DEATH

(a) County MILLER Registration District No. 261
 (b) Township SALINE Primary Registration District No. 4330
 (c) City ELDON (d) Street No. _____ 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 ADDIE E MADDING

(a) Residence, No. _____ 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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Geo. W. Madding (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 13 1857
 7. AGE YEARS 82 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 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) Missouri

FATHER 13. NAME BENJAMINE F. BRADFORD 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA 0

MOTHER 15. MAIDEN NAME LOUIA MILLER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT RALPH Madding (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE GRAY CEM. DATE 8-17 1939

19. FUNERAL DIRECTOR Keith McKays (ADDRESS) Eldon Mo

20. FILED 8-16 1939 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7:30 P.M. 1939, to Aug 16 1939
 I last saw him alive on Aug 16 1939 Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset 1927
97
 Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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) G. D. Walker M. D.
Eldon Mo. (Address)

RECEIVED

Miller County Health Dep't.

County File Number 39-105

Date Filed 9-13-39

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed Keith M. Kays
Licensed Embalmer No. 3998

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.)