JUN 4 1928

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

Do not use this space.

14767

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 94
City — (No. St Mary's Hospital St. Ward)

2. FULL NAME J. Walter Adderton
(a) Residence. No. 6255 Waterman St., Ward. St Louis Mo
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21 - 1869

7. AGE: Years 58 — Months 10 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sales manager
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Heinz Pickle Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

PARENTS
10. NAME OF FATHER: Jere Adderton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. C.
12. MAIDEN NAME OF MOTHER: Virginia Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Edith Adderton
(Address): 6255 Waterman

15. FILED 4/19, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/18 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/16, 1928, to 4/18, 1928, that I last saw him alive on 4/18, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
A
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O W Fire, M. D
4/18, 1928 (Address) 5938 Kingsbury

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lexington N. C.
DATE OF BURIAL: Apr 19th 1928

20. UNDERTAKER: Fred M Williams
ADDRESS: 4561 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.