

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

Do not use this space.

JUN 27 1930

17319

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township St. Louis Primary Registration District No. 124814
 City St. Louis, Mo. 1013 North St. Marys St. St. Marys Ward St. Marys

File No. 17319
 Registered No. 109

2. FULL NAME

Addie L. Brydon
 (a) Residence. No. 1013 N. St. St. St. Louis, Mo. Ward St. Marys
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
48 10 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andran Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas A. Cummings

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Francis Wharton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

14. INFORMANT C. L. Brydon
 (Address) 1013 N. St.

15. FILED 5/5-30 B. R. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to May 4, 1930
 that I last saw him alive on May 4, 1930, and that death occurred, on the date stated above, at 7:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Retro-peritoneal Sarcoma
466

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Anthony B. Day, M. D.
5.5, 1930 (Address) 1007 Beaumont Bldg.

*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 Kansas City Mo
 DATE OF BURIAL 5/5 1930

20. UNDERTAKER Ch. Lupton
 ADDRESS 4449 Olive St

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.

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St Lukes Hospital
8-10 ave

13-11
C. L. L. L.