

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

Do not use this space.

20998

~~21006~~

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis* (No. *Chase Hotel*)

Registration District No. *701*
Primary Registration District No. *1003*

File No.....
Registered No. *5827*
St. Ward)

2. FULL NAME

Tom J. Aderton
(a) Residence. No. *Chase Hotel* St. *12* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lillie K. Aderton</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 18, 1867</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>11</i>
	DAYS <i>28</i>	IF LESS THAN 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Mgr. J. J. Aderton*
(b) General nature of industry, business, or establishment in which employed (or employer) *Dept. of Globe-Newsweek*
(c) Name of employer *Globe-Newsweek*

9. BIRTHPLACE (CITY OR TOWN) *Arrowrock*
(STATE OR COUNTRY) *Md.*

10. NAME OF FATHER *J. A. J. Aderton*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*
12. MAIDEN NAME OF MOTHER *Emilia Venable*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

14. INFORMANT *Aderton*
(Address) *Chase Hotel*

15. FILED *JUN 16 1930* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 16th 1930*

17. I HEREBY CERTIFY, That I attended deceased from *June 7*, 19*30*, to *June 16*, 19*30*, that I last saw him alive on *June 15*, 19*30*, and that death occurred, on the date stated above, at *12:30 a.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris

CONTRIBUTORY (SECONDARY) *History of previous attacks* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Ernest M. Moore M.D.*

. 19 (Address) *4661 Marylanders*

*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 *Bellefontaine* DATE OF BURIAL *June 18 1930*

20. UNDERTAKER *Wayman* ADDRESS *327/4th*

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.

