

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

Do not use this space.

277

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ (Ward)

File No. _____
Registered No. 96

2. FULL NAME Edward Albert Taddicken,

(a) Residence, No. _____ St. _____ Ward Creston, Iowa,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude Taddicken,</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 21, 1885</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>6</u>	DAYS <u>2</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer,
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad,
(c) Name of employer C.B. & Q. Ry. Co.

9. BIRTHPLACE (CITY OR TOWN) Muscatine,
(STATE OR COUNTRY) IOWA,

10. NAME OF FATHER Henry B. Taddicken,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Theresa Brandt,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Philadelphia,
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Mrs. Elsie M. Seidel
(Address) 1509 Olive Street,

15. FILED _____ 19 1931
REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23, 1931
17. I HEREBY CERTIFY, That I attended deceased from 1-19, 1931, to 1-23, 1931, that I last saw him alive on 1-22, 1931, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
acute dilatation stomach
121A
129 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) acute appendicitis
hernia (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Creston, Iowa.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-19-31
WAS THERE AN AUTO SYM? no
WHAT TEST CONFIRMED DIAGNOSIS clinical & operative
(Signed) Floyd H. [Signature] M. D.
1-23, 1931 (Address) Dr. [Signature]

*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 Creston, Iowa DATE OF BURIAL Jan. 25 1931

20. UNDERTAKER Heaton-Belmont-Bourman ADDRESS 319 S. 10 St.
Funeral Home

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.

JAN 23 1931

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