

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

Do not use this space.

28686

1. PLACE OF DEATH

County Laclede  
Township Franklin  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 952  
Primary Registration District No. 5617

File No. ....  
Registered No. ....

2. FULL NAME Chas. J. Addison

(a) Residence, No. .... St. .... 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 <u>M</u>	4. COLOR OR RACE <u>W</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>Ann Hardy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 - 1879</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>	DAYS <u>27</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Spanish War Veteran</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Orta mo.</u>				
MOTHER / FATHER	13. NAME <u>R. W. Addison</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Josephine Whitton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>J. A. Addison</u> (ADDRESS) <u>Laborer Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmer Cemetery</u> DATE <u>8 - 27 - 1931</u>				
19. UNDERTAKER <u>Palmer</u> (ADDRESS) <u>Laborer</u>				
20. FILED <u>Aug</u> 19 <u>31</u> <u>Isabelle Lewis</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to July 15 1931  
I last saw h. alive on July 15 1931. Death is said to have occurred on the date stated above, at 1:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis  
Date of onset 1929

Other contributory causes of importance:  
23

Name of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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? .....

If so, specify Pulmonary  
(Signed) Laborer Mo., M. D.  
(Address) Laborer Mo.

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.

SEP 22 1931

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