

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

Do not use this space.

32551

1. PLACE OF DEATH

County Registration District No. 1701
Township Primary Registration District No. 100
City St. Louis (No. 1911, North 12th St. Ward)

File No.
Registered No. 9360
St. Ward)

2. FULL NAME Neva Addison

(a) Residence, No. 1911 N. 12th St., 26 Ward.

(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>Female</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>Romer Addison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 1901.</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>2</u>
	DAYS <u>18</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>Housewife</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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Debbets Mo.</u>	
	13. NAME <u>Just Langley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
FATHER	15. MAIDEN NAME <u>Ella Rigdon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	17. INFORMANT <u>Just Langley Wright St.</u> (ADDRESS) <u>207</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethel</u> DATE <u>9/7</u> 19 <u>31</u>		
19. UNDERTAKER <u>Thos. H. Beiderwiden</u> (ADDRESS) <u>1936 St. Louis Ave</u>		
20. FILED SEP - 3 1931 <u>New Bethel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance 1931 to 1931

I last saw h. alive on 1931 Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:
Asphyxiation
Due to Illuminating Gas Poisoning
Self Administered Suicide

Other contributory causes of importance:
Self Administered Suicide

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
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 J. W. Renner M. D.
(Signed) J. W. Renner (Address) Sup. Coroner

9/6/31

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.

