

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

Do not use this space.

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 204
5 City Springfield (No. 608 W. Central) St. _____ Ward _____
2. FULL NAME Francis M. Addison
(a) Residence. No. 608 - W. Central St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 22 yrs. 2 mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Alice M. Addison
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 - 30 - -
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired R.R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Train Conductor
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hamilton
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Addison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER Sarah Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

14. INFORMANT Alice M. Addison
(Address) Springfield, Mo.

15. FILED 2-23, 1932 Lon Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to Feb 21, 1932
that I last saw h. l. alive on Feb 21, 1932, and that death occurred, on the date stated above, at 4:20 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
97
(duration) 1 yrs. - mos. - da.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 3 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH (D)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. M. LeCompte, M. D.
, 19 (Address) Brookline, Mass.

*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 National Cemetery, Mo. DATE OF BURIAL Feb 24 1932

20. UNDERTAKER W. H. Hinguen & Co ADDRESS Springfield 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.

WHILE EMPLOYED WITH CHANGING NAMES THIS IS A PERMANENT RECORD

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