

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.

MAY 23 1932

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

Do not use this space.

11549

1. PLACE OF DEATH

County Bates
Township W. Pleasant
City Man Butler (No.)

Registration District No. 50
Primary Registration District No. 50 74

File No.
Registered No. 26 St. Ward)

2. FULL NAME

Rosie Addleman
(a) Residence, No. County Home St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. L. Addleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not Known</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>10 and</u>	DAYS <u>Known</u>
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>County Home</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) Indiana 2
(STATE OR COUNTRY)

13. NAME Ape Lillie
14. BIRTHPLACE (CITY OR TOWN) Not Known 31
(STATE OR COUNTRY)

15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

17. INFORMANT D. H. Shelton
(ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Apr 24 1932

19. UNDERTAKER Smith & Son
(ADDRESS) Adrian Mo.

20. FILED April 24 1932 Nena L. Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Apr 22 1932

I last saw her alive on Apr 22 1932 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

apoplexy
820
Date of onset Apr 22

Other contributory causes of importance:

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

(Signed) J. M. Mullan , M. D.
(Address) Butler Mo.

