

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.

CCI 34 1932

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

Do not use this space.

1. PLACE OF DEATH

7 County Bates
 1 Township Deer Creek
 3 City Adrian (No., ... Ward)

Registration District No. 47
 Primary Registration District No. 4027

28435
 File No.
 Registered No. 26
 St. Ward)

2. FULL NAME William Walter Addleman.

(a) Residente, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Grace Addleman
~~WORKING~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
61 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Care Taker
 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) Nodaway Co. Mo. (STATE OR COUNTRY) 113. NAME Adam L. Addleman14. BIRTHPLACE (CITY OR TOWN) Pittsburg Penn. (STATE OR COUNTRY) 215. MAIDEN NAME Aiza Anna Swain.16. BIRTHPLACE (CITY OR TOWN) Not Known. (STATE OR COUNTRY) 5117. INFORMANT (ADDRESS) Grace Addleman18. BURIAL, CREMATION, OR OTHER PL. Adrian Mo. DATE Sept. 22 193219. UNDERTAKER (ADDRESS) Creech & Six
Adrian Mo.20. FILED 10/10 1932 W. J. Tuttle Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 193222. I HEREBY CERTIFY, That I attended deceased from non attendance, 19...I last saw h. alive on 3:45 P.M. 19... Death is said to have occurred on the date stated above, at...

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

Liver Cancer
metastasis. Systemic result
Pneumonia
 Other contributory causes of importance: 34

Name of operation none 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) E. E. Robinson, M. D.
 (Address) Adrian Mo.

