

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.

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

Do not use this space.

35260

## PLACE OF BIRTH

County

Registration District No.

Township

Primary Registration District No.

City

St.

Ward)

## 2. FULL NAME

(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

20 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 (OR) WIFE OF

Clara Addison

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 20-1871

## 7. AGE

YEARS

61

MONTHS

3

DAYS

12

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Civil Engineer

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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## 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)

Richmond Virginia

## FATHER

## 13. NAME

Robert Addison

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

## MOTHER

## 15. MAIDEN NAME

Don't know

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

## 17. INFORMANT (ADDRESS)

Mr. Clara Addison

## 18. BURIAL CREMATION

Burial

## PLACE

Cedar Grove Cem.

## DATE

11/4

1932

## 19. UNDERTAKER (ADDRESS)

H. D. Hobson

## 20. FILED

11/4

1932

H. E. Ruddle, M. D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to Nov. 2, 1932

I last saw him alive on Nov 2, 1932. Death is said

to have occurred on the date stated above, at 9 a. m.

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

Cardio-vascular-  
renal disease

Date of onset

1929

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

(Address)

M. D.

10/10/10