

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

Do not use this space. ✓

35587.

JAN 9 1933

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398

Primary Registration District No. 3019

File No.
Registered No. 374 Ward

2. FULL NAME

Addie M Siddens

(a) Residence, No. 1028 W Woodland Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 32 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

SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>	<u>White</u>	<u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Siddens</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 12 - 1869</u>				
7. AGE YEARS		MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>		<u>8</u>	<u>16</u>	
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. <u>Home</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
				<u>23 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Ill.</u>				
FATHER	13. NAME <u>Louis Heath</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Bethesda Riston</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Ill.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. G. C. Reed</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nov. 30 - 32, Woodland Cem.</u>				
19. UNDERTAKER (ADDRESS) <u>C. H. Carson & Son</u>				
20. FILED <u>Nov. 30 1932</u> <u>J. H. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Nov 28, 1932
I last saw her alive on Nov 28, 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Stomach Cancer Date of onset 4/6/32
of Cecum
65 E D 4/6/32
Other contributory causes of importance Stomach Cancer
Name of operation Laparotomy Date of 30/30
What test confirmed diagnosis? W Was there an autopsy? W

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) [Signature] M. D.
(Address) Independence, Mo.

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.

