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.

SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Andrew — Registration District No.: 15 — File No.: 28184

Township: Empire — Primary Registration District No.: 5018 — Registered No.: 16

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Joseph Gaddy

(a) Residence, No. ..... St., ... Ward. Union Star, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Gaddy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	5	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July, 1933.

11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER

13. NAME James Francis Gaddy

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

MOTHER

15. MAIDEN NAME Jane Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) J. V. Gaddy, 2720 Sacremento, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flag Springs DATE 8/22/34, 19

19. UNDERTAKER (ADDRESS) H. D. Wilson King City, Mo.

20. FILED Aug 28, 1934 E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to August 18, 1934

I last saw him alive on August 18, 19.... Death is said to have occurred on the date stated above, at 2:20 m. P.M.

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

Angina pectoris

94 A

97

94A

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Luther E. Rockhold D.O. ~~M.D.~~

(Address) UNION STAR? MO.