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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

APR 2 1935

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

Do not use this space.

File No. 8143

Registered No. 314

1. PLACE OF DEATH
County Buchanan
Township ~~Washington~~
City St. Joseph, Mo. (No. 1821 South 11 Street St. Ward)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Theresa Taddicken
(a) Residence, No. 1821 South 11 Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry B. Taddicken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1865

7. AGE: Years 69 | Months 7 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Feb. 1935
11. Total time (years) spent in this occupation 54 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

FATHER
13. NAME Chris Brandt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Theresa Bahrens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs Theresa Gelless
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marysville, Kans DATE March 19 1935

19. UNDERTAKER Heaton Be Gole & Bowman
(ADDRESS) St Joseph Mo

20. FILED 3-18 1935 John K. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to March 16 1935
I last saw her alive on March 16 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/12/35
108	

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) Leon Beck, M. D.
(Address) St. Joseph Mo.