

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

Do not use this space.

1. PLACE OF DEATH 9 1935

County Laclede
Township Washington
City _____ (No. _____)

Registration District No. 449
Primary Registration District No. 5612

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Jocan Addison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1933

7. AGE YEARS 1 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Child at Home
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) Lewistown (STATE OR COUNTRY) Lauva

FATHER 13. NAME Truman Addison

14. BIRTHPLACE (CITY OR TOWN) Laclede Co Mo (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Lucile Smith

16. BIRTHPLACE (CITY OR TOWN) Lauva (STATE OR COUNTRY) _____

17. INFORMANT Truman Addison (ADDRESS) Johnson St

18. BURIAL, CREMATION, OR REMOVAL Grange Hall DATE Mar 28 1935

19. UNDERTAKER Johnson & Co (ADDRESS) Johnson St

20. FILED 3/26 1935 J.A.M. Amb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22 1935 to March 27 1935

I last saw him alive on March 26 1935 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Bunches pneumonia Date of onset Mar 22

Other contributory causes of importance:

Name of operation none
What test confirmed diagnosis Physical Exam 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____

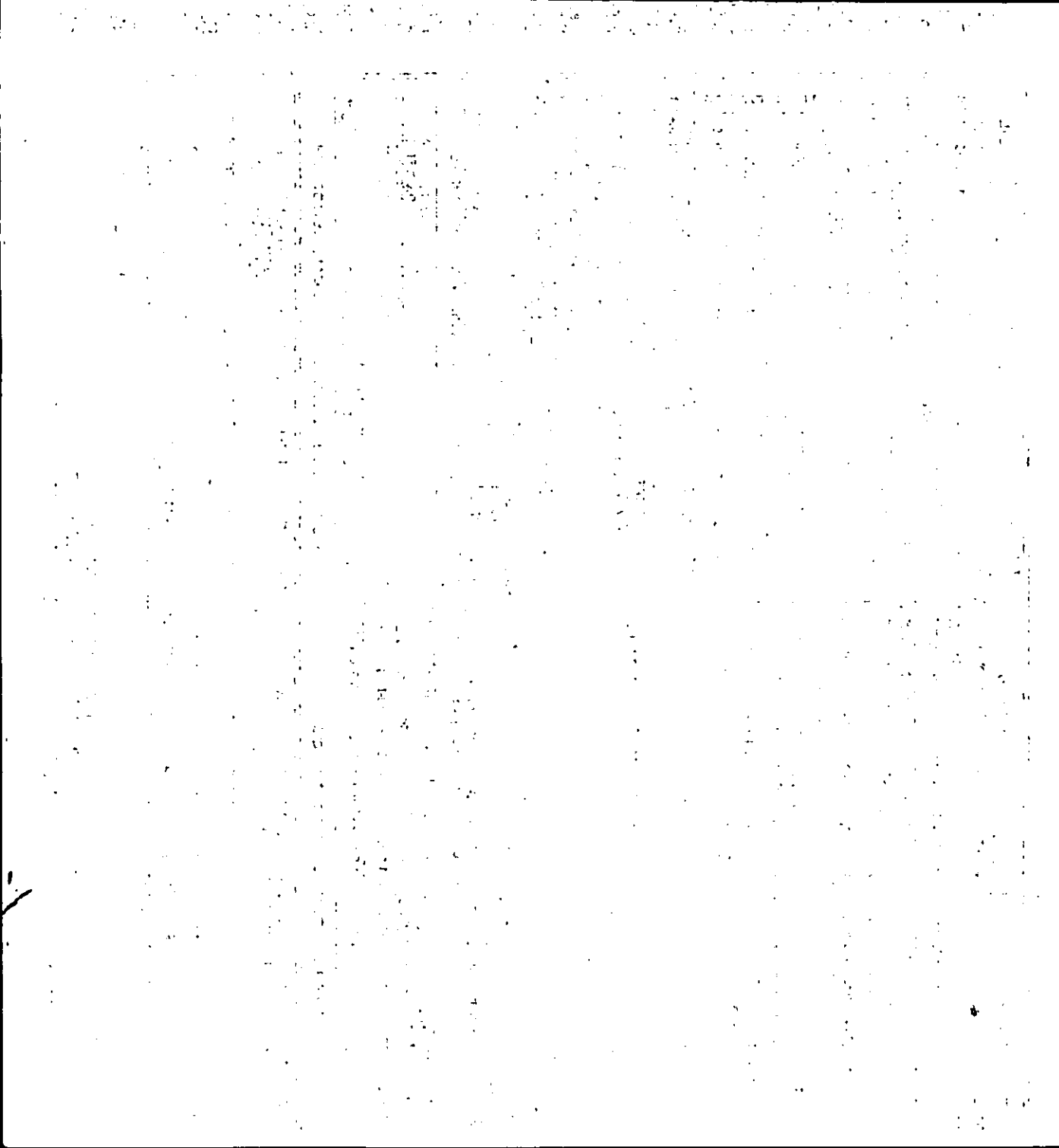
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) P. J. Murphy, M. D.
(Address) Johnson St

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.



MAY 27 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

ALL INFORMATION OBTAINED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
Registered No.
St. Ward)

1. PLACE OF DEATH

County DeKalbRegistration District No. 449

Township

Primary Registration District No. 5612

City

(No.

2. FULL NAME Jean Adelson

(a) Residence, No.

(Usual place of abode)

St., ... Ward.

(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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) S5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.1518

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.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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

5/25

1935

J. A. McComb

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him alive on, 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:

Date of onset

pneumonia
No complications

Other contributory causes of importance:

Name of operation

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), M. D.

(Address)

MAY 23 1935

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