

JUN 3 1935

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

Do not use this space.

13853

1. PLACE OF DEATH

County Pettis Registration District No. 665
Township _____ Primary Registration District No. 3032
City Sedalia (No. 922 E. 3rd St) St. _____ Ward _____

File No. 131
Registered No. 665

2. FULL NAME

Harrison Allen Tradenburgh
(a) Residence, No. 922 E. 3rd St St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1861
7. AGE YEARS 74 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
13. NAME Alexander Tradenburgh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
15. MAIDEN NAME Sarah Beeley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
17. INFORMANT M. C. Williams (ADDRESS) Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Chamney Chapel DATE 4-16-1935
19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo
20. FILED 4-13-1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 - 1935
22. I HEREBY CERTIFY, That I attended deceased from April 19 to April 13, 1935
I last saw him alive on April 12, 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia (Date of onset) _____
Other contributory causes of importance: Influenza
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) Dr. E. S. Swartz, M. D.
(Address) Sedalia Mo

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 PRINTED WITH OUTFLOWING INK—THIS IS A PERMANENT RECORD

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