

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

Do not use this space.

31570

1. PLACE OF DEATH

County Lewis Registration District No. 477
 Township Canton Primary Registration District No. 4286
 City Canton (No.) St. Ward)

2. FULL NAME Addie Everet Travis

(a) Residence, No. St. Ward.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Etta Ray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	<u>5</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Bunker Hill Missouri</u>		
13. NAME <u>Wm. M. Travis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mary Agnes Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs Addie Travis</u> (ADDRESS) <u>Canton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Grove</u> DATE <u>Aug. 27</u> <u>36</u>		
19. UNDERTAKER <u>Earl H. Barkley</u> (ADDRESS) <u>Canton, Mo.</u>		
20. FILED <u>Aug. 26, 1936</u> <u>H. W. Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from February, 1936 to August 25, 1936
 I last saw him... alive on August 25, 1936. Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Lymphosarcoma of lumbar lymph nodes
Prostatic hypertrophy
 Date of onset April 36
Oct 35

Other contributory causes of importance:
Urinary retention, chronic April 36

Name of operation Cystostomy Date of April 1936
 What test confirmed diagnosis? biopsy Was there an autopsy? yes

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) Roland F. Mueller, M. D.
 (Address) Canton, 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.

