

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Burles
City St. Clair (No.)

Registration District No. 763
Primary Registration District No. 6005

File No. 24743
Registered No. 10
St. Ward

2. FULL NAME

Addie E. Freeman

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

T. M. Freeman

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

May-6-18-56

7. AGE

YEARS 81

MONTHS 1

DAYS 3

If LESS than 1 day, hrs. or min.

OCCUPATION

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

house wife

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)

Michigan

MOTHER FATHER

13. NAME

Jacob Peatman

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

Penn

15. MAIDEN NAME

Elizabeth Shale

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

England

17. INFORMANT

J. A. Richardson
(ADDRESS) Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Osceola DATE 6-11-37

19. UNDERTAKER

W. H. Hull
(ADDRESS) Osceola Mo

20. FILED

June 10 1937 Sophia L. Stratton (Address) Lourey City, Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1937

22. I HEREBY CERTIFY, That I attended deceased from

May 31, 1937, to June 9, 1937

I last saw him alive on June 9, 1937 Death is said

to have occurred on the date stated above, at 1:15 P.M.

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

aorta insufficiency Date of onset

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

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) C. S. Stratton, M. D.

