

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6387

1. PLACE OF DEATH

County Cass
 Township Franklin
 City Garden City, Mo.

Registration District No. 154Primary Registration District No. 4088

File No.

Registered No.

St. Ward)

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFFarrest Ivan Addleman

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

Sept. 20, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.38330

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

Housekeeper

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) Dec. 24, 1938

11. Total time (years) spent in this occupation

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

Missouri

13. NAME

Edward B. Driggs

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

Union Star, Mo.

15. MAIDEN NAME

Essie Cox

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

Union Star, Mo.

17. INFORMANT

(ADDRESS)

Farrest Ivan Addleman
Garden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Resident 2110, DATE Jan 14, 1938

19. UNDERTAKER

(ADDRESS)

John Rayburn
Garden City, Mo.

20. FILED

DATE

Jan 16, 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan - 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan - 4 - 1938, to Jan - 12 - 1938I last saw him alive on Jan - 11 - 1938. Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Influenza Pneumonia11/3 -

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Physician's Report

Date of operation

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19Where did injury occur? X

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. XManner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? XIf so, specify Frank B. Ellis, M. D.(Signed) Frank B. Ellis(Address) Garden City, 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.

