

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.

JAN 20 1938

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

Do not use this space.

42117

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Keokukville (No. 903 East Prenee St. 4 Ward)

File No. _____
 Registered No. 240
 St. 4 Ward

2. FULL NAME

(a) Residence, No. 903 E. Prenee St. 4 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>M.</u>	4. COLOR OR RACE <u>W.</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>Mary Elizabeth Briant Aden</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-17-1861</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rtd 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) <u>1903</u>	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Missouri</u>				
FATHER	13. NAME <u>Benjamin Aden</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Sabra Pickett</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Mrs. Elizabeth B. Aden</u> (ADDRESS) <u>903 E. Prenee, Keokukville</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>12-26-1938</u>				
19. UNDERTAKER <u>Dee Riley Funeral Home</u> (ADDRESS) <u>Keokukville Mo</u>				
20. FILED <u>Dec 30 1938</u> <u>Spencer L. Freeman</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1934 to Dec 23 1938
 I last saw him alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Cerebral Thrombosis
93C
 Other contributory causes of importance:
Prostatitis - cystitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Geo. F. Sussel, M. D.
 (Address) Keokukville Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-811

Date Filed 1/16/39