

REC'D AUG 7 1939

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

24612

Do not use this space.

## 1. PLACE OF DEATH

(a) County **Jackson**Registration District No. **399**(b) Township **Kaw**Primary Registration District No. **100**Registered No. **2825**(c) City **or Kansas City**(d) Street No. **2837 Holly**(e) Length of residence in city or town where death occurred **30** yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mrs. Addie Teague**(a) Residence, No. **2837 Holly**St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**Female White**

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR

**Married**  
(Divorced (write the word))

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF**Edward C. Teague**

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

**May 26, 1863**

7. AGE

**76****1****16**If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.**At home**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)

**South Carolina**

FATHER

13. NAME

**Unknown**

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Unknown**

MOTHER

15. MAIDEN NAME

**Unknown**

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Unknown**

17. INFORMANT

(ADDRESS)

**Edward C. Teague**  
**2837 Holly**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

**Forest Hill**DATE **July 13, 1939**

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

**Freeman Mortuary**  
**104 W. 42nd St., K.C., Mo.**

20. FILED

**July 13, 1939 M. M. Cronin**  
**Local Registrar.**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12, 1939**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him on **July 10, 1939**, 19..... Death is said  
to have occurred on the date stated above, at.....m.

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

**Broncho Pneumonia****Chronic Rheumatic Nephritis****Coronary Sclerosis** 131

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)

(Address)

M. D.

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Clarence W*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Clarence W Chile*

Licensed Embalmer No. *3473*

P. O. Address *76 E 460*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**