

REC'D NOV 20 1939

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

35519
Do not use this space.

1. PLACE OF DEATH 85

(a) County Buchanan, 2 Registration District No. 1001

(b) Township St. Joseph, 1 Primary Registration District No. 1001

(c) City St. Joseph, (d) Street No. 2414 Duncan Registered No. 1037

(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 58 yrs. mos. ds.

2. PRINT FULL NAME Alexander Addison

(a) Residence, No. 2414 Duncan St. (If nonresident, give city or town and State)

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>Anna Lee Addison,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9, 1862</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Millwright,</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Quaker Oats</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1939</u>			
FATHER	11. Total time (years) spent in this occupation <u>40</u>			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keith, Scotland,</u>			
	13. NAME <u>John Addison,</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keith, Scotland,</u>			
	15. MAIDEN NAME <u>Anna Ferguson,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keith, Scotland,</u>			
17. INFORMANT (ADDRESS) <u>Mrs. A. Addison, 2414 Duncan Str.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora Cem.</u> DATE <u>Oct. 13th, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Kenton B. Bales, 112 So. 17th Str. Linn Co. Mo.</u>				
20. FILED <u>10/13 1939</u> <u>H. H. Heston</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 11th, 1939</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>viewed</u> <u>Oct 12 1939</u> to <u>19</u> 19 <u>39</u> . I last saw <u>#####</u> all live on <u>#####</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>6:55 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Fractured skull</u> Other contributory causes of importance: <u>none</u>
Name of operation <u>History</u> Date of <u>10/11/39</u> What test confirmed diagnosis? <u>History</u> Was there an autopsy? <u>NO</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>10/11/39</u> Where did injury occur? <u>St. Joseph, Mo.</u> (Specify city of town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home</u> Manner of injury <u>Fell down stairs at home</u> Nature of injury <u>Fractured skull</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify <u>NO</u> (Signed) <u>B.W. Tadlock</u> <u>Coroner M. D.</u> <u>85</u> (Address) <u>King Hill Bldg.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
50M-9-19-38
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