

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

Do not use this space.

32950

1928

1. PLACE OF DEATH

County Cass
Township Colan
City Fremont (No.) St. Ward)

Registration District No. 153
Primary Registration District No. 5217

File No. 26
Registered No.

2. FULL NAME

Jessie May Addicks

(a) Residence. No. 0 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (single)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 11 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Floyd Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Tom Addicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Floyd Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jessie May Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Floyd Co Mo
(STATE OR COUNTRY)

14. INFORMANT J. B. Stark
(Address) Fremont Mo

15. FILED Nov 29 1927 W. J. Falgout REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/28 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 16-27, 1927, to Nov 28, 1927, that I last saw h alive on Nov 27, 1927, and that death occurred, on the date stated above, at one a, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
(duration) yrs. mos. 10 da.
CONTRIBUTORY Whooping cough
(SECONDARY) (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture
(Signed) J. N. Church, M. D.
11/28, 1927 (Address) Fremont Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fremont Mo DATE OF BURIAL 11/28 1927

20. UNDERTAKER Remmberger Burks ADDRESS Harrisonville

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.

