

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.

REC'D JUL 12 1938

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

21162
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 359
 (b) Township New Primary Registration District No. 1002
 (c) City H.E. Mo (d) Street No. H.E. St. Hosp Registered No. 2612
 (e) Length of residence in city or town where death occurred yrs. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Thomas Addison 436
 (a) Residence, No. 118 1/2 W. 3th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) was
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 4
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4
 FATHER 13. NAME Geo Addison 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Revered Clerk
H.E. St. Hosp
 18. BURIAL, CREMATION, OR REMOVAL burial DATE 6-30-38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Campbell
536 Campbell St
 20. FILED June 30, 1938 M. M. Cross
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-38, 19
 22. I HEREBY CERTIFY, That I attended deceased from 6-10-38, 19, to 6-29-38, 19.
 I last saw him alive on 6-29-38, 19. Death is said to have occurred on the date stated above, at 1:58 p.m.
 The principal cause of death and related causes of importance were as follows:
Mucous colitis Date of onset
120
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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, specify
 (Signed) P. H. De Mays M. D.
 (Address) Capt. H. E. St. Hosp

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.