

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.

NOV 28 1932

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

Do not use this space.

34396

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
 Township Marshall Primary Registration District No. 3038  
 City Marshall (No.     )

File No.                       
 Registered No.                       
 St.                      Ward                     

**2. FULL NAME**

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Crozarker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1881

7. AGE YEARS 51 MONTHS 2 DAYS      If LESS than 1 day, hrs.      min.     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Mo 1

13. NAME Stepny Spears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Arthur Crozarker

18. BURIAL, CREMATION, OR REMOVAL PLACE Finshbree Cem DATE Nov 1 1932

19. UNDERTAKER (ADDRESS) Ferguson Williams

20. FILED 11-1-32 1932 A. C. Putnam Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 26 1932 to Oct 30 1932. I last saw him alive on Oct 28 1932. Death is said to have occurred on the date stated above, at 10 A. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset 9/22/32  
56F  
91A  
156B  
 Other contributory causes of importance:  
Acute rheumatic myositis 9/16/32

Name of operation      Date of       
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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? Yes  
 If so, specify       
 (Signed) H. Manning M. D.  
 (Address) Marshall, Mo

