

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

Do not use this space.

34091

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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.

JAN 19 1927

PLACE OF DEATH
 County Marion Registration District No. 1022
 Township Dry Creek Primary Registration District No. 5732
 City (No.) St. Ward

File No.
 Registered No.

2. FULL NAME Matilda Edith Crisman
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Crisman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/23. 1905
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 7 21
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1927
 17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1927, to Nov 10, 1927 that I last saw h... alive on Oct 10 am, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - 2-B.
NSA 3/
sent home (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Louis E. Freese
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Ollie M. Martin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) E. E. Roelens, M. D.
 , 19 (Address) Outen mo.

14. INFORMANT Louis E. Freese
 (Address) Hayden mo.
 15. FILED 1-9-1927 J. W. Parker REGISTRAR

*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 Kemper DATE OF BURIAL 11-15 1927
 20. UNDERTAKER Fred A. Gelant ADDRESS Sixon mo.

