

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

Do not use this space.

37113

**1. PLACE OF DEATH**

County Jackson  
Township Ryan  
City Ramsey City (No. 644 West 60th Ter.)

Registration District No. 399  
Primary Registration District No. 1007

File No. \_\_\_\_\_  
Registered No. 4938  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Bishop Creaser

(a) Residence. No. 644 West 60th Ter. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) D.C.

PARENTS

10. NAME OF FATHER Dad Know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dad Know  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Dad Know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dad Know  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Mary Knoll  
(Address) 644 West 60th Ter.

15. FILED 1/29 27 19 27 M. M. Crowe  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 28, 1927, that I last saw him alive on Dec 28, 1927, and that death occurred, on the date stated above, at 6:00 p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pneumonia lobar  
108  
930 / 10 / 10  
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cardio Sclerosis  
Chronic (duration) yrs. mos. ds.

**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? Clinical symptoms

(Signed) W. Chambers, M. D.  
1/29 27 (Address) 800 Fulton Bldg

\*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 Minneapolis DATE OF BURIAL 1/29 1927

20. UNDERTAKER R. J. Landessy ADDRESS Dear City

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.

PERMANENT RECORD

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