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

Do not use this space.

9440

1. PLACE OF DEATH
County: Jasper — Registration District No. 411 — File No.
Township: Walnut — Primary Registration District No. 2002 — Registered No. 123
City: Joplin (No. 1105 Byers St. Ward)

2. FULL NAME: Lulu Crockett
(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

3. SEX: Fem
4. COLOR OR RACE: B
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24 1886

7. AGE: Years 42 — Months 2 — Days 14 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Marshal Crockett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record
12. MAIDEN NAME OF MOTHER: Margaret Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record

14. INFORMANT: Eva Crockett
(Address) 1105 Byers

15. FILED 3/13, 1928 Dr A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 9 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw her alive on Mch 10, 1928, and that death occurred, on the date stated above, at 11-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown - probably influenza
11B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. ds.

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) R. M. Stormont, M. D
3/10, 1928 (Address) Webb City - Coroner

*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: Lacygne Kans — DATE OF BURIAL: 3-15-1928

20. UNDERTAKER: Heulbert Hend Co — ADDRESS: Joplin Mo

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.