

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

Do not use this space.

9927

**1. PLACE OF DEATH**

County Lepton  
Township W Lepton  
City Lepton (No. ....) St. .... Ward)

Registration District No. 609  
Primary Registration District No. 5804

File No. 34  
Registered No. ....

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeremiah Clark</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 19 1891</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>3</u>	DAYS <u>2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) ..... N. Y.  
(STATE OR COUNTRY)

10. NAME OF FATHER Timothy Crossman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... N. Y.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emmie Aldridge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... No record  
(STATE OR COUNTRY)

14. INFORMANT Mrs J. M. Matlock  
(Address) Poplar Mo.

15. FILED 4/9 1928 C. E. Mason  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 20 1928 to Mar 21 1928 that I last saw him alive on Mar 20 1928, and that death occurred, on the date stated above, at 6:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senility 116  
..... (duration) 1 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Probably influenza  
..... (duration) ..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IS NOT AS PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) R. T. Yanson, M. D.  
Mar 21, 1928 (Address)

\*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 Fairview Cem DATE OF BURIAL 3/21 1928

20. UNDERTAKER Wendelstedt & Co ADDRESS Poplar Mo

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.

1928

