

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.

1928

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

Do not use this space.

15737

1. PLACE OF DEATH
 County Jasper Registration District No. 44 File No. 15737
 Township Jasper Primary Registration District No. 209 Registered No. 209
 City Jasper (Name) St. Joseph Hospital St. _____ Ward _____

2. FULL NAME Maie C. Cressingham
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) no Record

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no Record

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work no Record
 (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) 4-22-28
 17. I HEREBY CERTIFY That I attended deceased from 4-20-28 to 4-22-28 (that I last saw him/her alive on _____, 1928, and that death occurred, on the date stated above, at _____ m.)
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) no Record

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no Record

14. INFORMANT Jessie Chess (Address) Jasper, Mo.

15. FILED 4/23 1928 Dr. Benson Registrar

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
4/23/28 (Signed) J. S. Ashcraft, M. D.
Jasper, Mo. (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 Tourney DATE OF BURIAL 4/23/28
 20. UNDERTAKER Hullett & Co ADDRESS Jasper, Mo.

