1928

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

Do not use this space.

22989

1. PLACE OF DEATH
County: Boone
Township: Cedar
City: (No. St. Ward)
Registration District No.: 77
Primary Registration District No.: 5105
File No.:
Registered No.:

2. FULL NAME: Virginia S Crist
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 2 1855
7. AGE: Years 75 Months 2 Days 5 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Virginia

PARENTS
10. NAME OF FATHER: Lafe James
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Harriet Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Virginia

14. INFORMANT: Lou Colle
(Address): McBaine Mo

15. FILED July 16, 1928 Mrs Mattie Arnold
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-6, 1928, to 7-6, 1928, that I last saw h. alive on 7-6 12:20 PM 1928, and that death occurred, on the date stated above, at 3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Rupture of abdominal
(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?
(Signed) C Edgar Conrad, M. D
, 19 (Address) Huntsdale Mo

*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: Locust Grove
DATE OF BURIAL: 7 9 1928
20. UNDERTAKER: WH Vandeventer
ADDRESS: Columbia