AUG 23 1928

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

Do not use this space.

23445

1. PLACE OF DEATH
County Dunklin
Township Independence
City Kennett Mo (No. ..... St. ..... Ward)
Registration District No. 288
Primary Registration District No. 4172
File No. .....
Registered No. .....

2. FULL NAME Emely Crabtree
(a) Residence. No. Kennett Mo Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER DK
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER DK
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK
(STATE OR COUNTRY)

14. INFORMANT Perry C Crabtree
(Address) Kennett Mo

15. FILED 7/9 1928 E. L. Spence M.D. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to July 9, 1928 that I last saw her alive on July 7th, 1928 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82 A
(duration) 1 yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 74 A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. L. Gossage M.D.
, 19 (Address) Kennett 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 Stanfill
DATE OF BURIAL 7/9 1928

20. UNDERTAKER Baldwin Fun Co
ADDRESS Kennett 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.