24 1928

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

Do not use this space.

29912

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 124
Township: Cape — Primary Registration District No. 4010
City: Jackson (No. ..... St. ..... Ward)

File No. .....
Registered No. 53

2. FULL NAME: Wanda May Crites

(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): Child

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 23-1928

7. AGE: Years — Months — Days — If LESS than 1 day, 3 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Jackson Mo

PARENTS
10. NAME OF FATHER: Clarence M. Crites
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Harisy Mo
12. MAIDEN NAME OF MOTHER: Melissa Drum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Harisy Mo

14. INFORMANT: G. W. Crites
(Address): Jackson Mo

15. FILED 9-26 28, 19..... D. G. Barbier, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw he alive on Sept 23, 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung Cancer
Dur Duration
155 cause of death
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2050 ..... (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? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) [illegible], M. D.
9-26, 1928 (Address) Jackson 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: Mt Hope Cem Jackson Mo — DATE OF BURIAL: Sept 24 1928
20. UNDERTAKER: J. W. McCombs Jr. — ADDRESS: Jackson 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.