

NOV 21 1928

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

Do not use this space.

32734

1. PLACE OF DEATH

County Boone
Township Cedar
City Ashland (No.)

Registration District No. 75
Primary Registration District No. 4040

No.
Registered No. 294
St. Ward)

2. FULL NAME

William Thomas Crump

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 17th 1858

7. AGE

69

YEARS

11

MONTHS

7

DAYS

If LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Shoe Colder

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Boone Co.

(STATE OR COUNTRY)

10. NAME OF FATHER

Hilliard Crump

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Boone Co.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Leisa Estes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Callaway Co.

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

A. P. Estes

15.

FILED

Oct 19, 1928. A. J. Nichols

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-18- 1928

17.

I HEREBY CERTIFY That I attended deceased from Jan
1928 to Oct 18, 1928
that I last saw him alive on Oct 18, 1928, and that
death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic NephritisCONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH. no DATE OF ✓WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) A. P. Estes, M. D.Oct 18, 1928 (Address) Ashland 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

DATE OF BURIAL

New SalemOct 19 1928

20. UNDERTAKER

ADDRESS

Roll WilcoxColumbia Mo

ONLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1928-10-18

1858 11-11

69-89-7

60 11

1928-10-18