

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

Do not use this space.

39306

1. PLACE OF DEATH

County *Andrew*
Township *Green*
City *(No)*

Registration District No. *23*
Primary Registration District No. *5032A*

File No.
Registered No.
St. Ward)

2. FULL NAME *Mary Elizabeth Crisman*

(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

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec-16-1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | *11* | *27*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(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) *Ohio*

10. NAME OF FATHER *Andrew Brentinger*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ohio*

12. MAIDEN NAME OF MOTHER *Beth Watt*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ohio*

14. INFORMANT *O. S. Crisman*

(Address) *Benton City MO*

15. FILED *12-15-1928* *J. F. Johnson*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 13, 1928*

17. I HEREBY CERTIFY That I attended deceased from *Sept 1, 1928* to *Dec 13, 1928* that I last saw h. *alive* on *Dec 13, 1928* and that death occurred, on the date stated above, at *4 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
16 1/2 01
CONTRIBUTORY (SECONDARY) *Gastritis*
(duration) yrs. mos. da. *20*

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *At Place of Death*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *12*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *H. E. Connett*, M. D.
, 19 (Address) *Rush Hill 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

Benton City Mo *Dec 15 1928*

20. UNDERTAKER ADDRESS

H. A. Pecht & Son *Murder 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.

21 1929

