

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

Do not use this space.

30043

**1. PLACE OF DEATH**

County Ballinger  
Township Whitebata  
City \_\_\_\_\_

Registration District No. 90  
Primary Registration District No. 5109

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harrial Crites

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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 male 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 Susan Crites

16. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14<sup>th</sup> 1847

17. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	11	8	

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

10. NAME OF FATHER Samuel Crites

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Rachel Staller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT Andrew Crites  
(Address) Sealgemville, Mo.

15. FILED 9/25/29 P. S. Staller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22<sup>nd</sup> 1929

17. HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup>, 1929, to Sept 22<sup>nd</sup>, 1929, that I last saw him alive on Sept 13<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 7 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Bronchitis  
12<sup>th</sup> Hepatitis  
15<sup>th</sup> (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edward Crites, M. D.  
, 19 (Address) Sealgemville, 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 Blatwoods Cemetery DATE OF BURIAL Sept 23<sup>rd</sup> 1929

20. UNDERTAKER Miller & Cracraft 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.

