

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

Do not use this space.

38134

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township East Liberty Primary Registration District No. 2034
City Moberly Clear Creek St. _____ Ward _____

File No. _____
Registered No. 224
St. _____ Ward _____

2. FULL NAME

Louisa Cripp
(a) Residence No. 520 Cleveland 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

MEDICAL CERTIFICATE OF DEATH

2. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1929

5A. IS MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF Osie Cripp

17. I HEREBY CERTIFY That I attended deceased from Nov 18 1929 to Nov 18 1929 that I last saw her alive on Nov 16 1929, and that death occurred, on the date stated above, at 520 Cleveland St. Moberly Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/2/1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 | 4 | 16 | |

18. WHERE WAS DISEASE CONTRACTED? at home (duration) _____ yrs. mos. ds.
72A
97

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) _____ yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED? at home (duration) _____ yrs. mos. ds.
at home

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Olever Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) M. A. Kinsley, M. D.
11-19-1929 (Address) Moberly, Mo.

12. MAIDEN NAME OF MOTHER Estine Keam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

*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.

14. INFORMANT Mrs. Chert Mager (Address) Moberly Mo 520 Cleveland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Swan Hill Madison DATE OF BURIAL Nov 19 1929

15. FILED 11/19 1929 Dr. Thos. S. Fleming REGISTRAR

20. UNDERTAKER Fred A. Thompson ADDRESS Moberly

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should be careful to state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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