

WRITE PLAINLY, 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.

JAN 21 1930

29-12-20 *Strandara*
48-9-11
81-3-9

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

Do not use this space.

41713

1. PLACE OF DEATH

County Coke Registration District No. 689
Township Buffalo Primary Registration District No. 597
City Edmwood (No. Edmwood) St. Edmwood Ward

File No. _____
Registered No. _____

2. FULL NAME Michael Bernard Creamer

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

Length of residence in city or town where death occurred 60 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11-48

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>3</u>	<u>9</u>	

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) Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) County Tipperary
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Michael Creamer

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

12. MAIDEN NAME OF MOTHER Mary Tobin

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

14. INFORMANT Michael Creamer Jr
(Address) Louisiana Mo

15. FILED 17/21 1929 J. H. Haen Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1929 to Dec 20, 1929.
that I last saw him alive on Dec 20, 1929, and that death occurred, on the date stated above, at 7:12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gastric Hemorrhage
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) gastric Carcinoma
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH U.S.A.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Robert L. Audze M. D.
12/21 1929 (Address) Louisiana 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 Catholic Cem. Louisiana Mo DATE OF BURIAL 12/23 1929

20. UNDERTAKER J. H. Haen Jr ADDRESS Louisiana Mo

