MAY 6 1930

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

Do not write in this space.

11572

1. PLACE OF DEATH

County Andrew, Registration District No. 13 File No. 20

Township Primary Registration District No. 4010 Registered No.

City Savannah, (No. Savannah, Missouri 302 S. 4th. St. Ward)

2. FULL NAME Mary Ann Criss,

(a) Residence. No. Savannah, Mo. 302 S. 4 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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1848

7. AGE	Years	Months	Days	If less than 1 day, ...hrs. or ...min.
	81	10	3	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER Joniah Gardner,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Katherine Watson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs Stacy Wells
(Address) Savannah, Missouri.

15. Apr 26 30 W. Jeffries MD
FILED ..., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1930, to Apr 24, 1930 that I last saw h. alive on Apr 23, 19..., and that death occurred, on the date stated above, at 7:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexia
132 A
82 R

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Walter E. Myers M. D.

Apr 26, 1930 (Address) Savannah 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
Savannah, Missouri,	Apr. 26, 1930
20. UNDERTAKER	**ADDRESS**
F. A. Bowman	Savannah, Mo