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.

WL 21

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 18720

Township: — Primary Registration District No.: 1001 — Registered No.: 750

City: St. Joseph, (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME: Cora Bell Critchfield

(a) Residence. No. (Usual place of abode) St., Ward. Effingham, Ks. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: William Critchfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec, 7, 1870

7. AGE: YEARS 59 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY): Buchanan Co, Mo.

PARENTS

10. NAME OF FATHER: Thomas Waller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Booneville, Mo.

12. MAIDEN NAME OF MOTHER: Elizabeth Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: William Critchfield (Address) Effingham, Ks.

15. FILED JUN 28 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 28, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1930, to June 28, 1930 that I last saw her alive on June 27, 1930, and that death occurred, on the date stated above, at 12.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis and Cholangitis (Acute reacerbation of a chronic process)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Effingham Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) Clarence A Good, M. D.

6/28, 1930 (Address) St Joseph 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: Lancaster, Kansas — DATE OF BURIAL: June, 29, 1930

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.