

NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 792 File No. _____
Township Arrow Rock Primary Registration District No. 6035 Registered No. 25023
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Emma Kennedy Crotcher
(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas E. Crotcher</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 22-1854</u> | | |
| 7. AGE <u>75</u> | YEARS <u>10</u> | MONTHS <u>9</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Keokuk
(STATE OR COUNTRY) Ia.

10. NAME OF FATHER Samuel H. Kennedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. Can
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Prisca A. Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ia.
(STATE OR COUNTRY) _____

14. INFORMANT Mr Philip Smith
(Address) Mapton, Mo.

15. FILED 10-31, 1930 P. L. Lawless
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1930 to Oct 30, 1930 that I last saw her alive on Oct 30, 1930 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anger, enlargement
and ossification
Complicating pneumonia
Chorea (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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) R. W. Stauffer, M. D.
Mapton, Mo. (Address)
*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 Ridge Park Cem. DATE OF BURIAL Nov 2 1930

20. UNDERTAKER B. M. Campbell ADDRESS Mapton

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.

