

DEC 22 1930

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

Do not use this space.

35755

1. PLACE OF DEATH

County Lincoln
Township Campbell
City Campbell (No.)

Registration District No. 282
Primary Registration District No. 4166

File No.
Registered No. 39
St. Ward)

2. FULL NAME

Nellie May Crater

(a) Residence. No. 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

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 George Crater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 24

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) Mo

10. NAME OF FATHER Jim Kato

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

12. MAIDEN NAME OF MOTHER Matilda Jones

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

14. INFORMANT W. S. Landers
(Address) Campbell

15. FILED 11/7 1930 W. S. Landers
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1930 to Nov 7 1930
that I last saw her alive on Nov 7 1930, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
leucemia

10:45
11:25 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Stomach
before checked was done (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH Campbell Mo

DID AN OPERATION PRECEDE DEATH? X DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Brown M. D.
. 1930 (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 Woodlawn Cem. DATE OF BURIAL Nov 8 1930

20. UNDERTAKER W. S. Landers ADDRESS Campbell

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.

