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 19 19

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

Do not use this space.

39264

1. PLACE OF DEATH

County: Iron — Registration District No.: 391

Township: Arcadia — Primary Registration District No.: 2-5446 a

City: ~~Inmate~~ (No. ..., ... St. ... Ward)

File No.:

Registered No.: 67

2. FULL NAME Sudie Crockett

(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 1 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-22-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	77	6	22	

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

9. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER David Crockett

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

12. MAIDEN NAME OF MOTHER Lucinda Pattie

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

14. INFORMANT Milford Riggs
(Address) Ironton Mo.

15. FILED 12/20 1930 R.A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, to Dec 9, 1930, that I last saw her alive on Dec 9, 1930, and that death occurred, on the date stated above, at 10 O'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis with Neuralgia of Heart
9448
1008
1625 (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) Advanced age
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edward R. G. Bamhouse, M. D.
12/20, 1930 (Address) Ironton 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: Fredericktown Mo.
DATE OF BURIAL: Dec 20 1930

20. UNDERTAKER: Ed Webb.
ADDRESS: Fredericktown Mo