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.

JAN 20 1931

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

Do not use this space.

40019

1. PLACE OF DEATH

County Linn — Registration District No. 506 — File No.

Township Baker — Primary Registration District No. 5671 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Era Catherine Crist

(a) Residence. No. Baker Twp. Linn Co. St. Missouri Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 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	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF L. O. Crist

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19. 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	5	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) ----------

(c) Name of employer ----------

9. BIRTHPLACE (CITY OR TOWN) Baker twp.
(STATE OR COUNTRY) Linn Co., Missouri

PARENTS

10. NAME OF FATHER John Coffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Christian Co., Missouri

12. MAIDEN NAME OF MOTHER Clarinda Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Baker Twp. Linn Co., Mo.

14. INFORMANT L. O. Crist.
(Address) New Boston R.F.D. #3

15. FILED 12/4, 1930 J. L. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Dec 12, 1930 that I last saw her alive on Dec 11, 1930, and that death occurred, on the date stated above, at 6:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cause of Interest

48

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46

(duration) yrs. mos. ds.

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) E. T. Baker, M. D.

Dec 12, 1930 (Address) Winnigan 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
Pleasant View Cemetery	Dec. 13 1930
20. UNDERTAKER	ADDRESS
M. Y. Rusk,	Brookfield, Mo.