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.

FEB 2 1931

Dr Love

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

Do not use this space.

4316

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

2 Township Center — Primary Registration District No. 3039 — Registered No. 41

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

1 2. FULL NAME Mary Frances Crisp

(a) Residence, No. 603 S Oak 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm — 4. COLOR OR RACE Colored Whitered — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1867

7. AGE YEARS 63 MONTHS 4 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK Tennessee

FATHER
13. NAME Henry Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK Tennessee

MOTHER
15. MAIDEN NAME Henrietta Carlton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK Tennessee

17. INFORMANT (ADDRESS) Nettie Jones 437 E Pitcher Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood DATE Jan 18 1931

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED 2-10 1931 E. R. King Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16 1930, to Jan 16 1931
I last saw her alive on Jan 16 1931 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 93D | |
| 139A Myocarditis | Dont Know. |

Other contributory causes of importance:

| | |
|---|---|
| Large Ovarian Cept. | Dont Know |

Name of operation None Date of ✓
What test confirmed diagnosis? Phys Exam Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify ✓

(Signed) W S Love, M. D.
(Address) Nevada Mo