

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

Do not use this space.

7975

1. PLACE OF DEATH

County..... Registration District No. 1791
 Townshp..... Primary Registration District No. 10423
 City St. Louis, Mo. (No. City Hospital #2)

File No.....
 Registered No. 2346
 St..... Ward.....

2. FULL NAME

ELIZABETH CRUMP
 (a) Residence. No. 37 NORTH 22ND ST. 21 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNKNOWN
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-15-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FLORIDA 2

10. NAME OF FATHER JOHN CRUMP
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) FLA.
 12. MAIDEN NAME OF MOTHER UNKNOWN
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) FLORIDA

14. INFORMANT A. GERTRODE CREATH
 (Address) CITY HOSPITAL #2

15. FILED FEB 22 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-1931
 17. I HEREBY CERTIFY, That I attended deceased from 2-5-1931, to 2-16-1931, that I last saw her alive on 2-16-1931, and that death occurred, on the date stated above, at 2:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHR. NEPHRITIS
131 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY UNKNOWN (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. UNKNOWN
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? GENERAL - LAB.
 (Signed) Henry Ed Hampton, M. D.
2-17-1931 (Address) City Hosp. #2

*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 Father Dickson DATE OF BURIAL Feb 21 1931

20. UNDERTAKER E. W. Hughes ADDRESS 2620 Lawton

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

