

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.

JUN 29 1931

Kendy

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

Do not use this space.
20255

1. PLACE OF DEATH

County *Jesset*
Township *Rickland*
City *Independence* (No. _____)

Registration District No. *821*
Primary Registration District No. *6070*

File No. *48*
Registered No. _____ St. _____ Ward _____

2. FULL NAME

Wilacta C. Crabtree
(a) Residence, No. _____ St. _____
(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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 11 1853*
7. AGE YEARS *77* MONTHS *10* DAYS *14* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *23*
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) *Illinois*

FATHER 13. NAME *Chas Dillard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

MOTHER 15. MAIDEN NAME *Catherine Bear*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT (ADDRESS) *Jno C Crabtree*
Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Quaker Point* DATE *May 26 1931*

19. UNDERTAKER (ADDRESS) *H. W. Glen*
Independence Mo

20. FILED *6/10/31* *Walter C. Duro* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1931*, to *May 25, 1931*. I last saw her alive on *May 20 1931*. Death is said to have occurred on the date stated above, at *12.5* m.

The principal cause of death and related causes of importance were as follows:
935

937
Emphysema
arterio-sclerosis
Sen. Arterio-sclerosis

Other contributory causes of importance:
930

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) *Howard M. Kendy*, M. D.
(Address) *Independence Mo*

