

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.

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

Do not use this space.

26713

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 100E
City St. Louis (No. 4362 McPherson Ave.) St. 19 Ward

File No.
Registered No. 7904

2. FULL NAME Melvin Forest Crigler,

(a) Residence, No. 4362 McPherson Ave. St. 19 Ward.
(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 Male 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 Mary Payne Crigler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 -- 19

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

12. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

17. INFORMANT Mary Crigler
(ADDRESS) 4362 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paragould, Ark. DATE 7/19/31

19. UNDERTAKER Philip M. Lewis
(ADDRESS) 4468 Washington

20. FILED LL 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-1931

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1931, to 7-16-1931.
I last saw him alive on 7-15-1931. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

Acute obstruction Date of onset
of Bowel
Adhesions following
Gall bladder
operation eight years ago.
Name of operation None Date of
What test confirmed diagnosis? X-Ray 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) A. S. Bennett M. D.
(Address) 6006 Virginia Ave.

