

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

Do not use this space.

34019

1. PLACE OF DEATH

County Douglas
Township Jackson
City Bethel (No. _____, _____ St. _____ Ward _____)

Registration District No. 751
Primary Registration District No. 5392

File No. _____
Registered No. _____

2. FULL NAME Ora Cruzain

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 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 Natie Cruzain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1876

7. AGE YEARS 55 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired maternal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) Arcadia Ind. (STATE OR COUNTRY)

13. NAME unknown

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

15. MAIDEN NAME Whisher

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

17. INFORMANT Natie Cruzain (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Muskegon DATE _____ 19

19. UNDERTAKER C. V. Pinkinghead (ADDRESS) and wife

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1931

22. I HEREBY CERTIFY That I attended deceased from Sanction only after death - 10-26 1931

I last saw him alive on _____, 1931. Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Date of onset

disease of heart -
Chronic Myocarditis &
auricular Fibrillation
Other contributory causes of importance:

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 _____

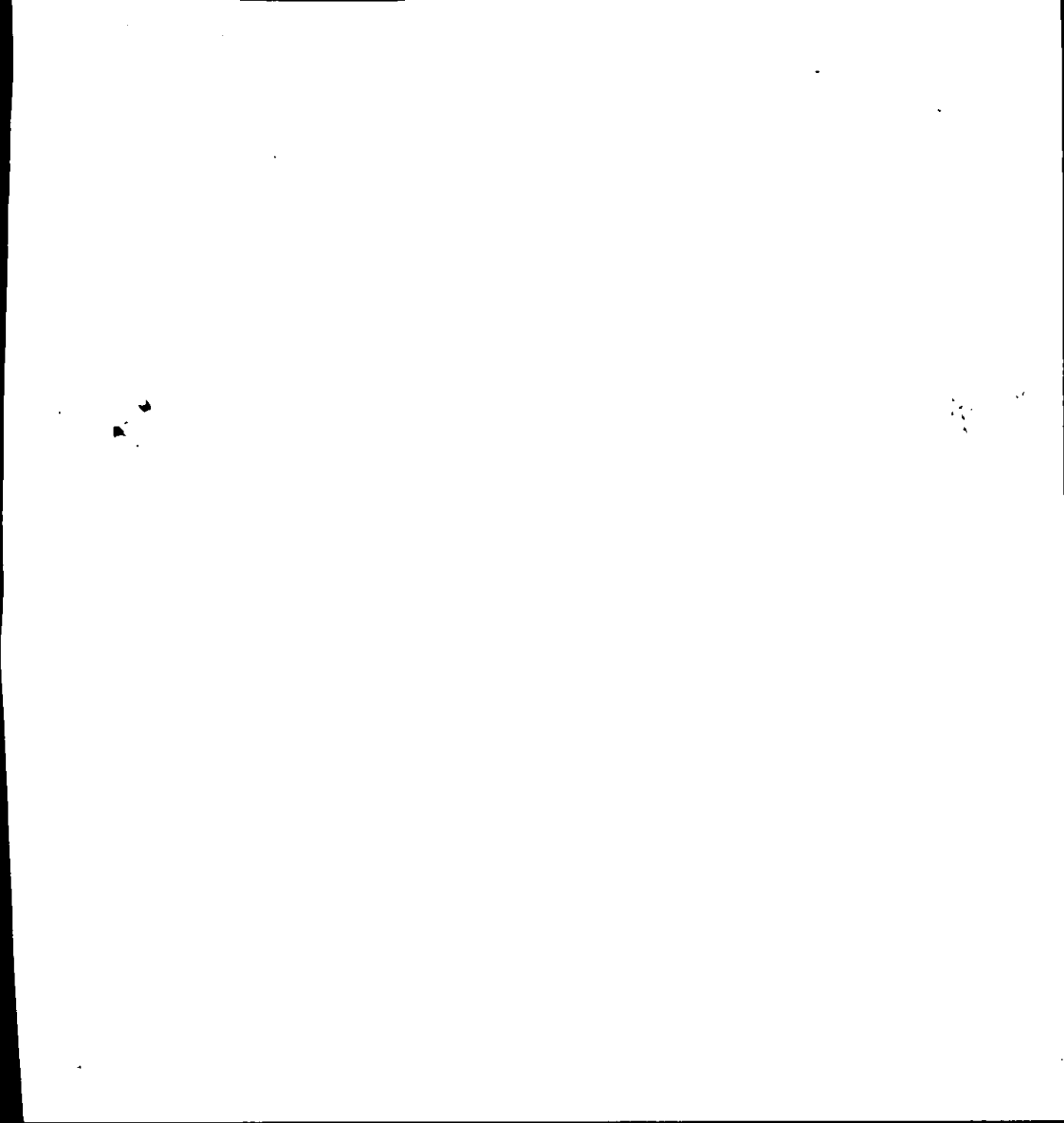
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. L. Gentry, M. D.

(Address) Ada Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Douglas
Township Jackson
City (No. , St. Ward)

Registration District No. 957
Primary Registration District No. 1392

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Natie Cruzan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 - 1876
7. AGE YEARS 54 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired motor man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) Arcaha (STATE OR COUNTRY) Ind

13. NAME Unknown

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

15. MAIDEN NAME Whisler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West

17. INFORMANT Natie Cruzan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Muskegon DATE 19.

19. UNDERTAKER C. J. Clinkingbeard (ADDRESS) ava mo

20. FILED Dec 3, 1931 Earnest Patton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Saw him only after death to , 1931
I last saw alive on , 1931 Death is said to have occurred on the date stated above, at 220 P m.

The principal cause of death and related causes of importance were as follows:
Disease of heart Date of onset
Chronic myocarditis
Auricular fibrillation

Other contributory causes of importance:

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) J. L. Gentry, M. D.
(Address) ava mo

S-34049