

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

Do not use this space.

36565

File No. 99
Registered No. _____
City _____ St. _____ Ward _____

1. PLACE OF DEATH

County Scott Registration District No. 827
Township _____ Primary Registration District No. 14003
City Sikeston (No. _____) St. _____ Ward _____

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(If divorced, state the year)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 0 14

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. _____

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) Point Pleasant Mo

13. NAME James Cronan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo

15. MAIDEN NAME Ida Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant Mo

17. INFORMANT (ADDRESS) James Cronan
Porterville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Point Pleasant DATE 10-6-31

19. UNDERTAKER (ADDRESS) W. M. Brown
Porterville Mo

20. FILED 10/14/31 Nathaniel Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 5, 1931.

I last saw him alive on Oct 5, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Skull fracture
Multiple fractures right leg
Fracture left femur
Contusion on Collarbone
near Porterville Mo
210M

Other contributory causes of importance: _____

Name of operation _____ Date of operation _____

That the confirmed diagnosis is Cholera Was there an autopsy? _____

If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 4, 1931

Where did injury occur? Porterville Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on highway

Manner of injury collarbone fracture

Nature of injury _____

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

If so, specify _____

(Signed) Wm. E. Gandy, M. D.

(Address) Sikeston Mo

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.

1931

