

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38607

1. PLACE OF DEATH

County Platte
Township Lee
City Stillings (No., St., Ward ..)

Registration District No. 694
Primary Registration District No. 5921

File No.
Registered No.

2. FULL NAME Elizabeth Cribbett

(a) Residence No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9th 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Cribbett

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 1931 to Nov 9 1931, 1931, that I last saw h. alive on Nov 9 1931, 1931, and that death occurred, on the date stated above, at 8:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15th 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Dis!

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 9 24

1848
100%
fractured right hip

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

CONTRIBUTORY (SECONDARY) fractured right hip
on Sept 3, 1931

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NO

10. NAME OF FATHER Bradsbury

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF ..
WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? [Signature]
(Signed) .. M. D.

12. MAIDEN NAME OF MOTHER Dont know

NOV 10 1931 (Address) Leavenworth Kansas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

*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.

14. INFORMANT John L. Cribbett
(Address) Stillings, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL LAUREL Hill Cem
WESTON - MO - DATE OF BURIAL Nov 10th 19 31

15. FILED Nov 12 3 1931 Elizabeth Hennessy REGISTERAR

20. UNDERTAKER O'Donnell Und Co ADDRESS Leavenworth Kansas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1931
28

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**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 Platte Registration District No. 694
Township Lee Primary Registration District No. 592
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Elizabeth Cribbitt

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

organic heart disease Date of onset _____

fractured right hip

Other contributory causes of importance: _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED Jan 2 1932 Elizabeth J. Jernigan Registrar

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-38605