

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.

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1. PLACE OF DEATH

County Bartlesville
Township Tasabee
City Bartlesville (No. _____)

Registration District No. 66
Primary Registration District No. 4038

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3 - 1842</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>9</u>	DAYS <u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>State North Carol</u>		
13. NAME <u>Richard Crow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
15. MAIDEN NAME <u>Fanny Abernathy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bartlesville</u> DATE <u>Dec 13</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>H. J. Baker</u>		
20. FILED <u>12/15/31</u> <u>J. J. Chandler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 11. a. m. 1931, to _____, 19____.

I last saw him alive on Dec. 14 1931. Death is said to have occurred on the date stated above, at 11:25 a. m.

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

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) G. A. Sander, M. D.
(Address) Marble Hill Mo

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