

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

Do not use this space.

41316

PLACE OF DEATH

County Gasper Registration District No. 411
 Township Palena Primary Registration District No. 202
 City Clinton (No. 1105-Byers) St. _____ Ward _____

2. FULL NAME

Margaret Crockett
 (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

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall Crockett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1853

7. AGE YEARS MONTHS DAYS At LESS than 1 day, _____ hrs. or _____ min.
78 17

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. home wife

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) Ark

13. NAME Darryl Waller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Therese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. May Person

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange, Mo. DATE 12/20/31

19. UNDERTAKER (ADDRESS) J. Hurlbut

20. FILED 12/20 1931 J. Benson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1931 to Dec 25 1931
 I last saw her alive on Dec 25 1931 at 1:44 PM Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
64

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) Edw. J. Jones M. D.
 (Address) Clinton, 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.

