

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.

## 1. PLACE OF DEATH

County Jackson  
Township Rau  
City J. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. 1203  
Registered No. 241  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2901 West St. 4 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. D. Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 11 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 235  
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) Coal Camp, Missouri

FATHER  
13. NAME James Culp

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

MOTHER  
15. MAIDEN NAME W. W. Record

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

17. INFORMANT (ADDRESS) Mrs. C. R. Creechmore  
2901 West

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Washington DATE Jan. 23, 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster  
818 Brooklyn

20. FILED Jan 21, 1932 M. M. Crowe  
Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to Jan 21, 1932

I last saw her alive on Jan 2, 1932. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

pan cretitis Date of onset \_\_\_\_\_

95B

111B 95B

Other contributory causes of importance:

Pulmonary embolism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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. M. Crowe, M. D.

(Address) 3380 Olive

334 of Olive.