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

Do not use this space.

4003

File No. .....
Registered No. 11

1. PLACE OF DEATH
19 County Cass Registration District No. 156
8 Township Grand River Primary Registration District No. 4090
2 City Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Sarah Augusta Crissman

(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 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis M. Crissman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1848

7. AGE: YEARS 83 | MONTHS 8 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
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) Mo. 1

FATHER
13. NAME David Owen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

MOTHER
15. MAIDEN NAME Fort Knox Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) C. E. Crissman Peculiar, Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orient DATE 2/4 1931

19. UNDERTAKER (ADDRESS) Rumenberger Bros Co Harrisonville Mo.

20. FILED Feby 3rd 1932 D. Blanco Registrar.
Dr Triplett

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 26 1930, to Feb. 1, 1932
I last saw her alive on Feb 1, 1932. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
~~Cancer~~ of uterus	

Other contributory causes of importance: 48

8 (1)

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) J. S. Triplett, M. D.
(Address) Harrisonville Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

U. S. No. 2.

MAR 21 1932