

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

Do not use this space.

7164

1. PLACE OF DEATH

108 County Lernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 31

2. FULL NAME

Cordelia Crain

(a) Residence. No. State Hospital #3 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dir? 1868

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
| | <u>64</u> | <u>—</u> | <u>—</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER William Holt

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

12. MAIDEN NAME OF MOTHER Huldia Leach

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

14. INFORMANT State Hospital #3
(Address) Nevada Mo

15. FILED 2-15-32 E. R. Stinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to February 1, 1932 that I last saw her alive on Feb 1, 1932, and that death occurred, on the date stated above, at 9:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
131
1071A (duration) yrs. mos. 20 ds.
CONTRIBUTORY ch. nephritis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical and Lab.

(Signed) K. Sneydoff, M. D.

Feb 1, 1932 (Address) State Hospital #3

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Cabool Mo Feb. 2nd 1932

20. UNDERTAKER Mark Cudinger ADDRESS Nevada Mo

N. B.—Every item of information should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 25 1932

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