

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

Do not use this space.

7349

**1. PLACE OF DEATH**

County Benton  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 70 5101  
Primary Registration District No. 5101

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rachel Ellen Creach

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 5 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 F 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 John F. Creach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 10 20

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.

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) Mazon Iowa

13. NAME Richard Wiseman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier Virginia

15. MAIDEN NAME Clarissa Childress

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Ohio

17. INFORMANT W. P. Wiseman (ADDRESS) Edwards, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 3/16

19. UNDERTAKER C. O. Little (ADDRESS) Edwards, Mo.

20. FILED 3/16 1932 W. H. Lenth, Jackson Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1932

22. I HEREBY CERTIFY That I attended deceased from Mar 8 to Mar 14 1932

I last saw her alive on Mar 14, 1932 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Pneumonia  
Influenza  
11A  
107A  
110V

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? 320

If so, specify W. A. Sample

(Signed) \_\_\_\_\_ M. D.

(Address) Edwards, 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.

Apr 25-1932



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Benton  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 64  
Primary Registration District No. 5101

File No. \_\_\_\_\_  
Registered No. 04 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rachel Ellen Creach

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Creach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 10 20

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. \_\_\_\_\_

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) Marion Co Iowa

13. NAME Richard Wiseman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbush Virginia

15. MAIDEN NAME Clarissa Childers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Co Mo

17. INFORMANT W. R. Wiseman (ADDRESS) Edward, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Climax Cemetery DATE 3/16 1932

19. UNDERTAKER C. O. Little (ADDRESS) Cross Timbers, Mo

20. FILED May 9, 1932 M. C. Watson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1932 to Mar 14, 1932

I last saw her alive on Mar 14, 1932 Death is said to have occurred on the date stated above, at 1:30 P. M.

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

Broncho Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Influenza Mar 4th

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) W. D. Sample, M. D.  
(Address) Climax Springs 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-1349