CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1932

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

Do not use this space.

13209

1. PLACE OF DEATH

63 County Maries — Registration District No. ~~800~~ 541

Township Jefferson — Primary Registration District No. 5730

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Annie Crider

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D. B. Crider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19, 1875

7. AGE: YEARS 56 — MONTHS 3 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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): Gasconade Co Mo.

FATHER

13. NAME: John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Mary Haynes

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

17. INFORMANT (ADDRESS): D B Crider Bland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crider Cem DATE 4-8 1932

19. UNDERTAKER (ADDRESS): Sam Licklider Belle Mo

20. FILED May 10 1932 Leanora Johnson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1932, to Apr. 6, 1932

I last saw her alive on Apr 6, 1932 Death is said to have occurred on the date stated above, at 10 p. m.

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

Lobar Pneumonia following "Flue" — Date of onset

110

108

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) C. A. Bunge, M. D.

(Address) Bland Mo