

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. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

NOV 23 8 1932

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

Do not use this space.

28891

1. PLACE OF DEATH

County Douglas Registration District No. 1061
Township Miller Primary Registration District No. 5385
City Bigard (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Lida M. McCrite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>4</u>	<u>11</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23 1/2

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME George C. McCrite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Florence Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) John A. McCrite

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Cemetery Sept 25 1932

19. UNDERTAKER (ADDRESS) W. C. Stiff

20. FILED Sept 28 1932 W. S. McCrite Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

*I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 am.

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

Pulmonary Tuberculosis Date of onset _____

No. Doctor saw this man for the last year death due

Other contributory causes of importance: by hemorrhage of lungs.

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. S. McCrite M. D.

(Address) Marionfield mo.

