

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.

NOV 23 1932

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

Do not use this space.

32759

1. PLACE OF DEATH

42 County Hempstead
8 Township Thompson
2 City Salina (No. 4211)

Registration District No. 14
Primary Registration District No. 4211

File No. 31
Registered No. 31 St. Ward

2. FULL NAME Salina Craig Christian

(a) Residence, No. St. Ward

(Usual place of abode)
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. (If nonresident, give city or town and State)

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 James Christian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1829

7. AGE YEARS 103 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Apr 30 1932 11. Total time (years) spent in this occupation 87

12. BIRTHPLACE (CITY OR TOWN) Boardville Ala (STATE OR COUNTRY) 2

FATHER 13. NAME Benjamin Davis

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

MOTHER 15. MAIDEN NAME Catherine M. Ramsey

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

17. INFORMANT Idea May Brown (ADDRESS) 1024 1/2 N. 1st St. Salina

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cemetery DATE Oct 10 1932

19. UNDERTAKER O. A. Roof (ADDRESS) 1024 1/2 N. 1st St. Salina

20. FILED Oct 10 1932 1024 1/2 N. 1st St. Salina Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1932

22. HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Oct 9 1932

I last saw him alive on Oct 5 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:

Internal Thrombosis
11B

Other contributory causes of importance: 11B

Name of operation Cholecystectomy Date of

What test confirmed diagnosis? Cholecystectomy 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) T. J. Jennings M. D.

(Address) Shiloh, Mo

