

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.

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

Do not use this space.

34745

1. PLACE OF DEATH

County Stallings
Township Whitewater
City Many (No. critis)

Registration District No. 70
Primary Registration District No. 5109

File No. 16
Registered No. 16
St. Many Ward critis

2. FULL NAME

(a) Residence, No. critis St. Many Ward critis
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF critis

X 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th 1876
7. AGE YEARS 56 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. of min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24/4
10. Date deceased last worked at this occupation (month and year) Nov. 1
11. Total time (years) spent in this occupation 1

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

13. NAME Salomon critis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

X 15. MAIDEN NAME Sarah Ruppert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Ed Critis
(ADDRESS) Sedgewickville, Mo.

18. BURIAL, CREMATION, OR REMOVAL burial
PLACE Whitewater DATE 11/14 1922

19. UNDERTAKER Ed Critis
(ADDRESS) Sedgewickville, Mo.

20. FILED 11/14 1922 P. S. Staller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1932 to Nov 13th 1932
I last saw him alive on Nov 10th 1932 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Gastro-Enteritis Date of onset

Other contributory causes of importance:

Name of operation 1208 Date of 120
(What test confirmed diagnosis?) 1 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 1 Date of injury 19
Where did injury occur? 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 1
(Signed) Edward Critis M. D.
(Address) Sedgewickville, Mo.

