

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

Do not use this space.

12780

499 24 1933
4-23-33

1. PLACE OF DEATH
County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3075
City Boonville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26

2. FULL NAME Tobe Crum
(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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1858 -
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 75 - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mmate County Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tag Labeler
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation life

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

13. NAME Alex Crum

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

15. MAIDEN NAME Catherine Anderson

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

17. INFORMANT Minnie Moore
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville City DATE April 2, 1933

19. UNDERTAKER Schultz, Waruhoff
(ADDRESS) Boonville Mo.

20. FILED Apr 3 1933 g. Russell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to April 2, 1933
I last saw him alive on March 31, 1933. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1923

Other contributory causes of importance: 930 930

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. C. Fincher M. D.
(Address) Boonville, Mo.

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

