

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

Do not use this space.

14408

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 671)

Registration District No. 788
Primary Registration District No. 6471

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Cyrissa Critchfield
(a) Residence, No. 671 Tuxedo 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 widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Critchfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-26-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME David Patten

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

15. MAIDEN NAME Jane Johnson

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

17. INFORMANT (ADDRESS) W. L. Seales, 671 Tuxedo Blvd, Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Center Kan DATE April 9, 1933

19. UNDERTAKER (ADDRESS) Parsons Lumber Co, Webster Groves, Mo.

20. FILED 4-9-33 D. A. W. Writing Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 - 1933

22. I HEREBY CERTIFY That I attended deceased from April 3rd, 1933 to April 8 - 1933
I last saw her alive on April 8 - 1933 Death is said to have occurred on the date stated above, at 4:20 pm.

The principal cause of death and related causes of importance were as follows:
Agammaglobulinemia Date of onset 4/12/33
115/150

Other contributory causes of importance: Chronic Asthenia - 1930

Name of operation No
What test confirmed diagnosis? Laboratory - (Blood counts) 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.

Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) H. A. Audriat - M. D.
(Address) 17 E. Kearney

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.

APR 24 1933

