

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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Polk

Registration District No. 67

Township Lorain

Primary Registration District No. 5702C

City Lorain (No. 1)

File No. 15690

Registered No. 18

St. Lorain Ward 1

2. FULL NAME

Henry Crites

(a) Residence. No. 10 St. 10 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Husband of Sarah Statler Crites

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

May 7 - 1903

7. AGE

84

YEARS

28

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

of Farm

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Daisy Mo

10. NAME OF FATHER

Stephen Crites

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

Ma Middleton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Daisy Mo.

14.

INFORMANT

(Address)

Thomas Crites
Lorain Mo.

15.

FILED

5-7-34 GA Saucer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 - 1933

17.

I HEREBY CERTIFY, That I attended deceased from Apr 10 - 1933 to May 6 - 1933.
that I last saw him alive on May 6 - 1933, and that death occurred, on the date stated above, at 3 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation & regurgitation
Complicated with asthma
Asthma, 20 yrs.
Cardiac regurgitation (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

Cardiac dilatation & regurgitation
unknown (duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF May 6 - 1933

WAS THERE AN AUTOPSY? No

WHICH TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. B. B. B. M. D.

(Address) Lorain Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Daisy Cemetery

May 7 - 1933

20. UNDERTAKER

A. J. Baker

ADDRESS

Luterville

