

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

Do not use this space.

16914

File No. 205 -
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Gasconade Registration District No. 40
Township Spokane Primary Registration District No. 2002
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 212 East Junction 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Gas O. Mcumber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1861
7. AGE YEARS 72 MONTHS 3 DAYS 76 If LESS than 1 day, _____ hrs. or _____ min.
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Hayes, Ind
13. NAME John Cronmiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
15. MAIDEN NAME Mary Emma Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT J. O. Mcumber
(ADDRESS) East Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Junction DATE 5/24 1933

19. UNDERTAKER (ADDRESS) Undersigned by

20. FILED 5/23 1933 Clarence Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933, to May 22 1933
I last saw her DEAD May 20 33 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Cerebral Hemorrhage
Other contributory causes of importance: _____
J. O. W.

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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. H. Hogan M. D.
(Address) _____

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.

JUN 22 1933

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