

WHITE PLAIN, 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.

Jul 28 1933

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

Do not use this space

20674

1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia (No. ....) St. .... Ward)

Registration District No. 665  
Primary Registration District No. 3032

File No. ....  
Registered No. 163

2. FULL NAME

Eva Carr Crist

(a) Residence, No. 916 W 5 St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 3 mos. ....  
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 (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Pomeroy Ohio  
(STATE OR COUNTRY) Mo. Washington

13. NAME Jacob F. Crist

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

15. MAIDEN NAME Sarah Betts

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

17. INFORMANT Dr. Broadus  
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethellin Co. Mo. DATE 6/26/33

19. UNDERTAKER McLaughlin Bros  
(ADDRESS) Sedalia Mo

20. FILED 6-26-1933 J. W. ...  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1933

22. I HEREBY CERTIFY that I attended deceased from May 1 1933 to June 24 1933  
I last saw him alive on June 23 1933. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis Date of onset Several years  
930  
97 930  
Other contributory causes of importance: Arterio-sclerosis

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) W. B. ..., M. D.  
(Address) Sedalia Mo

