

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

Do not use this space.

23902

1. PLACE OF DEATH

County New Madrid Registration District No. 605
 Township Cross Primary Registration District No. 4359
 City Parma (No. _____) St. _____ Ward _____

2. FULL NAME

Stern Cremens
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mariah Elizabeth Cremens</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1852-9-27</u>				
7. AGE YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>				
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) <u>1931</u>			11. Total time (years) spent in this occupation. <u>50 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
13. NAME <u>Bird Cremens</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.A.</u>				
15. MAIDEN NAME (unknown) <u>White</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.A.</u>				
17. INFORMANT <u>Mrs. Mariah E. Cremens</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linton Cemetery</u> DATE <u>July 18</u> 19 <u>33</u>				
19. UNDERTAKER <u>P. G. T. Knight</u> (ADDRESS) <u>Parma</u> <u>no</u>				
20. FILED <u>8-6</u> 19 <u>33</u> <u>Mrs. E. S. Black</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14 1933 to July 17 1933
 I last saw him alive on July 16 1933 Death is said to have occurred on the date stated above, at 4:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset _____
80
 Other contributory causes of importance:
50 yrs

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?
 If so, specify _____
 (Signed) Dr. W. H. Husted, M. D.
 (Address) Parma, 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.

SEP 26 1933

