

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

Do not use this space.

28655

1. PLACE OF DEATH

County Wright Registration District No. 911
 Township Montgomery Primary Registration District No. 6227
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(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. da.

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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1932</u>		
7. AGE	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>none</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manassas, Mo.</u>		
13. NAME <u>Walter F. Crisp</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manassas, Mo.</u>		
15. MAIDEN NAME <u>Bertie Austin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manassas, Mo.</u>		
17. INFORMANT <u>Walter F. Crisp</u> (ADDRESS) <u>Manassas, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cold water</u> DATE <u>Aug. 24, 1933</u>		
19. UNDERTAKER <u>E. H. Clines</u> (ADDRESS) <u>Manassas, Mo.</u>		
20. FILED <u>Aug 25, 1933</u> <u>Agnes Evans</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1933, to Aug. 23, 1933
 I last saw him alive on Aug. 22, 1933. Death is said to have occurred on the date stated above, at 7:20 A. M.
 The principal cause of death and related causes of importance were as follows:
Dysentery
 Other contributory causes of importance: 13C 15C

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. T. Bridges M. D.
 (Address) Manassas, Mo.

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

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

