

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.

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

Do not use this space.

23746

## 1. PLACE OF DEATH

County BallingerRegistration District No. 68Township YamontPrimary Registration District No. 5107City Yamont, Mo. (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered 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.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

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

Widow

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

W. O. Crites

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

Jan 1st 1856

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. \_\_\_\_\_

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

(c) Name of employer \_\_\_\_\_

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

## 15.

FILED

1935

Ed Webb

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13th 1933

## 17.

I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Sept 13th, 1933, that I last saw him alive on Sept 13th, 1933, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Initial Insufficiency  
92A  
162 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Scrub  
(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Edward Crites, M. D.

, 19 \_\_\_\_\_

(Address)

Leadgewickville 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

Yamont, Mo9/14 1933

## 20. UNDERTAKER

Ed Webb

## ADDRESS

Yamont, Mo

