

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

Do not use this space.

30347

1. PLACE OF DEATH

72 County New Madrid Registration District No. 55
Township Ridgerson Primary Registration District No. 4033
City _____ (No. _____) _____ St. _____ Ward _____

File No. 10
Registered No. 1074
St. _____ Ward _____

2. FULL NAME

John O. Croser
(a) Residence No. Ridgerson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Croser
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 | 0 | 5 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Harden & Co
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Tracy Croser
(Address) Ridgerson Mo

15. FILE NO. 10 1933 M. W. Munnich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1933
17. I HEREBY CERTIFY That I accepted from Sept 18, 1933, to Sept 20, 1933, that I last saw alive on Sept 19, 1933, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permeous malaria
38 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) B. B. Ellis, M. D.
, 19 (Address) Ridgerson 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 Shoufield DATE OF BURIAL 9-20 1933
20. UNDERTAKER R. B. Meendering ADDRESS Ridgerson

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.

OCT 20 1933

WRITE PLAINLY, WITH INK

PARENTS

1
2
2
3

