

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.

NOV 10 1933

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

Do not use this space.

33925

1. PLACE OF DEATH

County Cass
Township Moore
City Int (No. _____) St. _____ Ward _____

Registration District No. 1143
Primary Registration District No. 0-845-

File No. 11
Registered No. _____

2. FULL NAME

George N. Crites

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sept. 1923 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boomer, W. Missouri

13. NAME James G. Crites

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Son, T. J. Crites, Thomasville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cem DATE Oct. 19, 1933

19. UNDERTAKER (ADDRESS) None

20. FILED Oct. 29, 1933 Mrs. A. O. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 10 pm 1933 to Sept. 17, 1933
I last saw him alive on Sept. 17, 1933 Death is said to have occurred on the date stated above, at 11.9 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Lesion
Pneumonia

955
56F

Other contributory causes of importance:
Enlarged Splanchnic
Arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1933
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) A. O. Roberts, M. D.
(Address) 4 Englewood, St. Louis, Mo

