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

Do not use this space.

35363

File No.

Registered No.

1. PLACE OF DEATH

10 2 County Shelby Registration District No. 831

Township North River Primary Registration District No. 6093

City (No. St. Ward)

2. FULL NAME John Morgan Critchlow

(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.

NOV 10 1933

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.

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~~ Mary Ann Critchlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871-2-19

7. AGE: 62 YEARS, MONTHS: 7, DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

FATHER

13. NAME Eli M Critchlow

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

MOTHER

15. MAIDEN NAME Mary Jane Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Mary A. Critchlow Emden, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Emden Mo DATE Oct 6 1933

19. UNDERTAKER (ADDRESS) B. M. Allen Philadelphia Mo

20. FILED Oct 5 1933 Emmette A. Houston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2:45 Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933 to Oct 4, 1933

I last saw him alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 2:45 P.m.

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

Undulant fever — Date of onset Sept 10 33

~~Arter~~ 5 97

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Blood test 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) H. J. L. Greve, M. D.

(Address) Shelbyville Mo.