

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

Do not use this space.

37520

1. PLACE OF DEATH

County Platte
Township Jar
City (No.) (No.) St. Ward)

Registration District No. 696
Primary Registration District No. 3925

File No.
Registered No. 38

2. FULL NAME

John W. Crigger
(a) Residence, No. Tracy Mo St. Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Oswald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-25-61 61</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>11</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common labor</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1933</u>	
	11. Total time (years) spent in this occupation.	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wolcott Kansas</u>	
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Johnnie Crigger</u> (ADDRESS) <u>Weston, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Platte City, Mo</u> DATE <u>11-26-1933</u>		
19. UNDERTAKER <u>L. J. Rollins</u> (ADDRESS) <u>Platte City, Mo</u>		
20. FILED <u>11-25-1933</u> <u>Mary B. Knight</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-16-1933 to 11-24-1933
I last saw him alive on 11-24-1933 Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:
Disentery
Hardening of Arteries
Date of onset 11/16-33

Other contributory causes of importance:
Hardening of Arteries

Name of operation no Date of no
What test confirmed diagnosis? clinical 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 None
(Signed) James Redeman M. D.
(Address) Platte City, Mo

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.

JAN 4 1934

MARGIN RESERVED FOR BINDING

S. NO. 2

