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

Do not use this space.

37824

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Primary Registration District No. 6248 B Registered No. 368

City ~~Jefferson Barracks, Mo.~~ Veterans Administration Facility. St. Ward)

2. FULL NAME Clarence D. Crites

(a) Residence, No. Potosi, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. ownds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mabel Crites

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
46	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

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) November 26, 1933 11. Total time (years) spent in this occupation 14 yrs.

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

FATHER

13. NAME Joseph Crites

14. BIRTHPLACE (CITY OR TOWN) Carter Co., (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Amarillis Hassel

16. BIRTHPLACE (CITY OR TOWN) Wayne Co., (STATE OR COUNTRY) Missouri.

17. INFORMANT C. H. SMITH, M.D., Clinical Director. (ADDRESS) Veterans Administration Facility Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo. DATE ....19..

19. UNDERTAKER Boyer Undertaking Co (ADDRESS) Potosi, Mo.

20. FILED 12-1 1933 O. H. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1933, to November 30, 1933

I last saw him alive on November 30, 1933 Death is said to have occurred on the date stated above, at 6:58P m.

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

	Date of onset
Meningitis, due to pneumococcus infection.	Unk.

Other contributory causes of importance: -

Name of operation - Date of -

What test confirmed diagnosis? Laboratory and clinical manifestations 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?

If so, specify

(Signed) W. A. GIBSON M.D. Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

B F Tate
9400 Edgar

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