

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.

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

Do not use this space.

42322

1. PLACE OF DEATH—

County Stone

Registration District No. 846

Township Union

Primary Registration District No. 6110

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME Lydia Crumbliss

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

William Crumbliss

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

Sept 9, 1862

7. AGE

YEARS

71

MONTHS

2

DAYS

23

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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

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)

Mo.

FATHER

13. NAME

no one known

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

MOTHER

15. MAIDEN NAME

Betsey Estes

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

17. INFORMANT

(ADDRESS)

Vince Crumbliss
Brown Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE White Cem

DATE Dec. 3, 1933

19. UNDERTAKER

(ADDRESS)

J. W. Maples
Clever, Mo

20. FILED

13-11-

1933

H. J. Chumack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Feb 15, 1932

I last saw him alive on Feb 15, 1932. Death is said

to have occurred on the date stated above, at 11:50 P.m.

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

Apoplexia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? met 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)

W. H. Williams

M. D.

(Address)

Clever

Mo

