

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County Worth  
Township Allen  
City Decatur (No. \_\_\_\_\_)

Registration District No. 905  
Primary Registration District No. 6216

File No. 15567

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8<sup>th</sup> 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — 2

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) Denver, Mo

13. NAME W. A. Leaven

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Mo

15. MAIDEN NAME Cathel Fern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County, Mo

17. INFORMANT (ADDRESS) W. A. Leaven, Decatur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Worth County DATE 4-11-34

19. UNDERTAKER (ADDRESS) W. A. Leaven, Decatur, Mo.

20. FILED 4/12/34 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1934

22. I HEREBY CERTIFY, that I attended deceased from April 6 1934 to April 8 1934. I first saw him alive on April 6 1934. Death is said to have occurred on the date stated above, at 10 A m.

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

Pneumonitis  
7 A  
7 B  
Date of onset 4-7-34

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 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) Lewis & Long, M. D.

(Address) Decatur, 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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Worth

Registration District No. 905

Township Allen

Primary Registration District No. 6216

City .....

(No. ....)

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

Vernon Crocker

(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**

m

**4. COLOR OR RACE**

w

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

Child

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

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

**7. AGE**

YEARS

MONTHS

DAYS

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)**

**FATHER**

**13. NAME**

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

**MOTHER**

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE, 19...

**19. UNDERTAKER (ADDRESS)**

**20. FILED**

June 1921

Byron H. ... Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Apr 10, 1934

**22. I HEREBY CERTIFY, That I attended deceased from**

..... to .....

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the ....., at .....

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

Pneumonia

Bronchial

or

Other contributory causes of importance:

Mononucleosis

No other complications

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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) Louis H. Lacy, M. D.

(Address) Deer ...

**SUPPLEMENTARY**

Date of onset  
April 19

1070

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-15567