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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 20353
Township Kaw — Primary Registration District No. 8002 — Registered No. 2516
City K.C. Mo (No. St Mary Hospital St. Ward)

2. FULL NAME Mary Ellen Crumpler
(a) Residence, No. 802 N. Union Ward. Indep. Mo.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W.T. Crumpler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-23-1871
7. AGE: 62 YEARS — MONTHS: 11 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Indiana

FATHER
13. NAME: S. W. Hoble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary Harbison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm N. Crumpler
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burial
PLACE Memorial Park DATE June 9 1934
19. UNDERTAKER (ADDRESS): Ott and Mitchell Funeral Home Independence Mo
20. FILED June 7, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1934, to 6-6-, 1934
I last saw her alive on 6-6-, 1934 Death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Tonsillitis
Chronic Myocarditis
Broncho Pneumonia
93C

Other contributory causes of importance: 93C
107A
115A

Date of onset

Name of operation 0 Date of
What test confirmed diagnosis autopsy was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no
(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 P Miller, M. D.
(Address) 707 Argyle

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.

JUL 17 1934

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