

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 670
Township Heath Creek Primary Registration District No. 5896
City (No. Beaman #1) St. _____ Ward _____

File No. 25895
Registered No. _____

2. FULL NAME

(a) Residence, No. Beaman R7.D #1 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 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) June 21-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 3

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

13. NAME Thomas C. Cretton

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

15. MAIDEN NAME Georgie Lindsey

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

17. INFORMANT Thos. Cretton

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 7-6-1934

19. UNDERTAKER McLaughlin Bros

20. FILED Aug 7, 1934 Flossie Ferguson Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5-1934

22. I HEREBY CERTIFY, That I attended deceased from 11 A.M., July 5, 1934, to 2 P.M., July 5, 1934
I last saw him alive on July 5, 1934 Death is said to have occurred on the date stated above, at 12:11 m.

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

C. Hoopsra Infarctum Date of onset July 1, 1934
Extremum Heat
bowell Trouble Auto intoxication
Convulsions
120A
Other contributory causes of importance:
170B
69E
120A

Name of operation none Date of _____
What test confirmed diagnosis? none 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) C. P. Hartwright M. D.
(Address) Hughesville 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.

AUG 21 1934

