

SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 313 So. 12th. St.)File No. 28403Registered No. 987

St. _____ Ward _____

2. FULL NAME

Charles C. Cromwell

(a) Residence, No. _____ St. _____ Ward. _____

Springfield, Ill.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phoebe Cromwell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 7, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>90</u>	<u>1</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Fire Insurance Agent.</u>
	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) Frederick, Maryland13. NAME George W. Cromwell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Md.15. MAIDEN NAME Mary E. Storm16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick, Md.17. INFORMANT Harry D. Stein
(ADDRESS) 313 So. 12th. St.18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Illinois, Aug. 22, 193419. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Paragon St., St. Joseph, Mo.20. FILED 8-21, 1934 John R. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1934 .1922. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to Aug 20, 1934. I last saw him alive on Aug 19, 1934. Death is said to have occurred on the date stated above, at 3.15 P.M.

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

Heart exhaustionDate of onset
July 27/34

Other contributory causes of importance:

Cold eye

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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. E. Egan, M. D.(Address) Corby Bldg., St. Joseph, Mo.

WRITE PEANUT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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