

OCT 7 2 1934

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

Do not use this space.

35060

1. PLACE OF DEATH

County Webster
Township East Ozark
City Marshfield (No. _____)

Registration District No. 896
Primary Registration District No. 6198

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Henry Clinton Crofts

(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 02 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary A. Crofts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .x hrs. or .x min.
75 5 25 X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Silas Crofts

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

15. MAIDEN NAME Manda Point

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

17. INFORMANT Mary A. Crofts
(ADDRESS) Marshfield, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Marshfield DATE Sept. 13 1934

19. UNDERTAKER Rev. Rainey Marshfield
(ADDRESS)

20. FILED Sept 14 1934 Elizabeth Hefner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1934 to Aug. 27 1934

I last saw him alive on Aug. 27 1934 Death is said to have occurred on the date stated above, at 3 A. m.

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

Diabetes Mellitus
Generalized Arteriosclerosis with
Vascular Hypertension

Date of onset
Unknown
Duration
Long

Other contributory causes of importance:
Repeated small cerebral hemorrhages

Name of operation No Date of _____

What test confirmed diagnosis? Lab. 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) Dr. Macdonnell, M. D.
(Address) Marshfield, 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.

