

NOV 7 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Bates

Registration District No.

47

Township

New Creek

Primary Registration District No.

5070

City

Adrian

(No.

St.

Ward)

2. FULL NAME

John D. Creath

(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

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

Ruby M. Creath

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

Dec 3 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

10

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Quodernum Niles

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)

London Ohio

FATHER

13. NAME

Samuel Creath

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

London Ohio

MOTHER

15. MAIDEN NAME

Libbie Davidson

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

London Ohio

17. INFORMANT (ADDRESS)

Fred D. Creath Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Present Hill

DATE

Oct. 14 1934

19. UNDERTAKER (ADDRESS)

Creath & Son Adrian, Mo.

20. FILED

Nov 2nd 1934

1934

Minnie R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct - 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Oct 11 1934

I last saw him alive on Oct 11 1934 Death is said

to have occurred on the date stated above, at 8:45 P.M.

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

Date of onset

Other contributory causes of importance:

Cordose Insufficiency

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? No

If so, specify

(Signed)

J. M. Combee, M. D.

(Address)

Adrian Mo

