DEC 1 4 1934

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

Do not use this space.
39138

1. PLACE OF DEATH Greene
County ..... Registration District No. 318
Township Springfield Primary Registration District No. 2001
City ..... (No. Burge Hospital St. ..... Ward)

File No. 568
Registered No. .....

2. FULL NAME Retha Crump
(a) Residence, No. 1740 W. Walnut 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 Female
4. COLOR OR RACE White
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) Dec 19 - 1901
7. AGE Years 32 Months 11 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Factory
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) Seymour Mo.

FATHER
13. NAME John P. Crump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Charlotte Dollinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mary McClure R#3, Marshfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Mo. DATE Nov 28 1934
19. UNDERTAKER (ADDRESS) W. Klingner & Co. Springfield, Mo.
20. FILED 11-27, 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-, 1934
22. I HEREBY CERTIFY, That I attended deceased from 9-18-, 1934 to 11-26-, 1934
I last saw her alive on 11-26-, 1934 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore Throat	
115A 175A	

Other contributory causes of importance:

Name of operation Orthodiagram Date of .....
What test confirmed diagnosis? Laboratory 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? .....
If so, specify .....
(Signed) Mary Krabb, M. D.
(Address) 1041 E. Cour[illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD