

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

Do not use this space.

JAN 19 1935

44068

1. PLACE OF DEATH

County Putnam
Township
City Unionville (No. _____ St. _____ Ward _____)

Registration District No. 718
Primary Registration District No. 6430

File No. _____
Registered No. _____

2. FULL NAME

Rotanna Hart Crumpacker

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Crumpacker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1865

7. AGE YEARS 69 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Unionville, Mo.

FATHER 13. NAME Jefferson Hart

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

MOTHER 15. MAIDEN NAME Martha Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County, Mo.

17. INFORMANT Dan Crumpacker

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Unionville Mo. DATE Dec 9 1934

19. UNDERTAKER J. C. Husted & Son

(ADDRESS) Unionville, Mo.

20. FILED Dec 14 1934 M. W. Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Dec 7 1934

I last saw her alive on Dec 7 1934 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Coronary Sclerosis
Chronic Myocarditis with myocardial degeneration

Other contributory causes of importance:
Chronic Myocarditis with myocardial degeneration

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic 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 _____, 1934

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) M. W. Gillum, M. D.
(Address) Unionville 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.

