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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6
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 26 1935

Do not use this space.

583

1. PLACE OF DEATH
County Clay
Township
City Missouri City (No. 4121 St. Ward)
Registration District No. 201
Primary Registration District No. ~~5280~~
File No. 5
Registered No.

2. FULL NAME Grace May Crabtree
(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 50 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David E. Crabtree
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 23-1885
7. AGE YEARS 50 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 2 days
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City Mo.

FATHER
13. NAME Jackson Cameron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City Mo.

MOTHER
15. MAIDEN NAME Florence Minter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City Mo

17. INFORMANT (ADDRESS) David E. Crabtree Missouri City Mo
18. BURIAL, CREMATION, OR REMOVAL Missouri City Cem
PLACE Missouri City Mo DATE 1/25 1935
19. UNDERTAKER (ADDRESS) Church Butler Co Liberty Mo
20. FILED 1/24 1935 E V Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1935, to January 23, 1935
I last saw him alive on January 23, 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Inflammation of Duodenum & ulceration
Rupture of ulcer.

Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) H. L. Wysong, M. D.
(Address) Liberty Mo