

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.

JAN 12 1935

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

Do not use this space.

4139

1. PLACE OF DEATH

County Wagon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No.) St. Ward)

2. FULL NAME

Wm. H. Crum
(a) Residence, No. State Hospital # 3 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. 10 mos. 25 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 Lucy Crum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1894

7. AGE YEARS 40 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

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

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) Barton Co. Mo.

13. NAME Wm. H. Crum

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

15. MAIDEN NAME Marie Carackentus

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

17. INFORMANT Mrs. Lucy Crum Hill Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Rickittill Mo DATE 1-1-1935

19. UNDERTAKER Ferry Funeral Home
(ADDRESS) Merado Mo

20. FILED 1-1-1935 M. Eickinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to Jan 1, 1935

I last saw him alive on Jan 1, 1935. Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Gen. Paralysis of the insane
Complications of the CNS + etc.

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Other contributory causes of importance: Bacterial pneumonia 3 wks.

Name of operation none Date of

What test confirmed diagnosis? Clinical 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 (Address) J. J. O'Fallon, M. D.

(Address) Merado, Mo.

OCT 23 1945