

FEB 2 1935

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

Do not use this space.

4897

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 472 540
City Kennett St. _____ Ward _____

2. FULL NAME

William Hiram Crockett

(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 M 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 Elie M. Carter-Crockett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ark.

MOTHER 13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT Delma Crockett
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 2-3 1935

19. UNDERTAKER Family
(ADDRESS)

20. FILED Feb 12 1935 John Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1935, to 2-2-1935.
I last saw W.M. alive on 2-1-1935. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Other contributory causes of importance:
Influenza

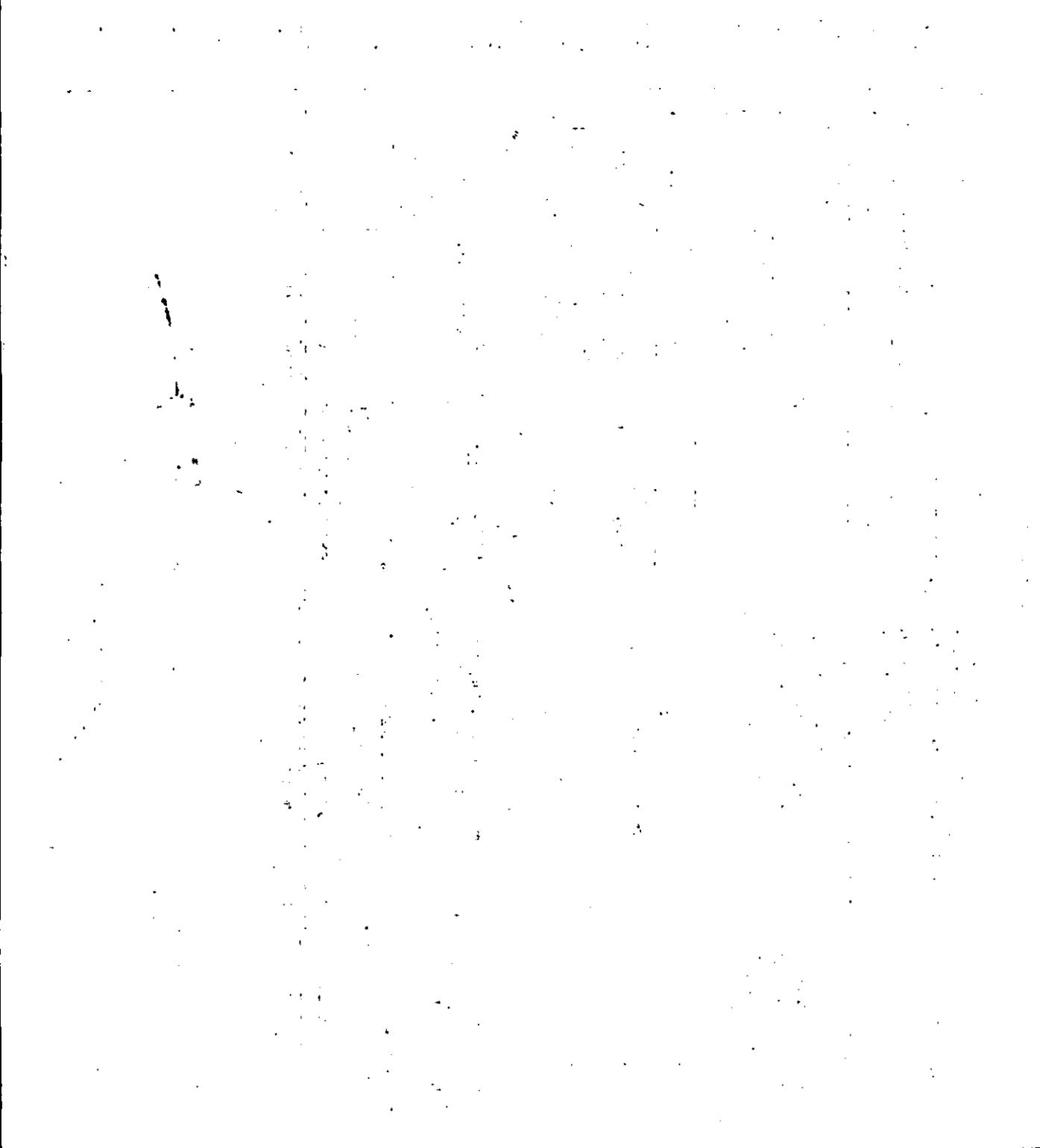
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) J. H. Kerin, M. D.
(Address) Kennett, 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.



MAY 28 1935

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATHCounty WentzlerRegistration District No. 288

Township.....

Primary Registration District No. 5406

City..... (No.)

File No. 4897

Registered No.

St. Ward)

2. FULL NAMEWm Hickorn Crockett(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**m**4. COLOR OR RACE**w**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)
m**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**2-22-1874**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

601110

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**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)****13. NAME****14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)****15. MAIDEN NAME****16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)****17. INFORMANT (ADDRESS)****18. BURIAL, CREMATION, OR REMOVAL**

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)**20. FILED**Feb 12 1935 - Wheeler Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 2 1935**22. I HEREBY CERTIFY, That I attended deceased from**, 19....., to, 19.....

I last saw him alive on, 19..... Death is said

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

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

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), M. D.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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5-4897