

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.

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

Do not use this space.

(APR 17 1935)

1. PLACE OF DEATH

County Henry
Township Whit Oak
City Warish (No. _____)

Registration District No. 347
Primary Registration District No. 5495

File No. 5128
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Cornelia Creveling

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 21 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. W. Creveling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-19-1848</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>11</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>2-19-1935</u>	
	11. Total time (years) spent in this occupation <u>35</u> <u>her life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery N.Y.</u>		
FATHER	13. NAME <u>Richard Messel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
17. INFORMANT (ADDRESS) <u>E. A. Messel</u> <u>Warish Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winnepahkist</u> <u>2-9-1935</u>		
19. UNDERTAKER (ADDRESS) <u>H. P. Smith</u> <u>Warish Mo</u>		
20. FILED _____ 19 _____ Registrar _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1935

22. I HEREBY CERTIFY, That I attended deceased from read when arriving, 1935

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

to have occurred on the date stated above, at 12A a.m.

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

Probably heart failure. I did while sitting in her chair

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 _____

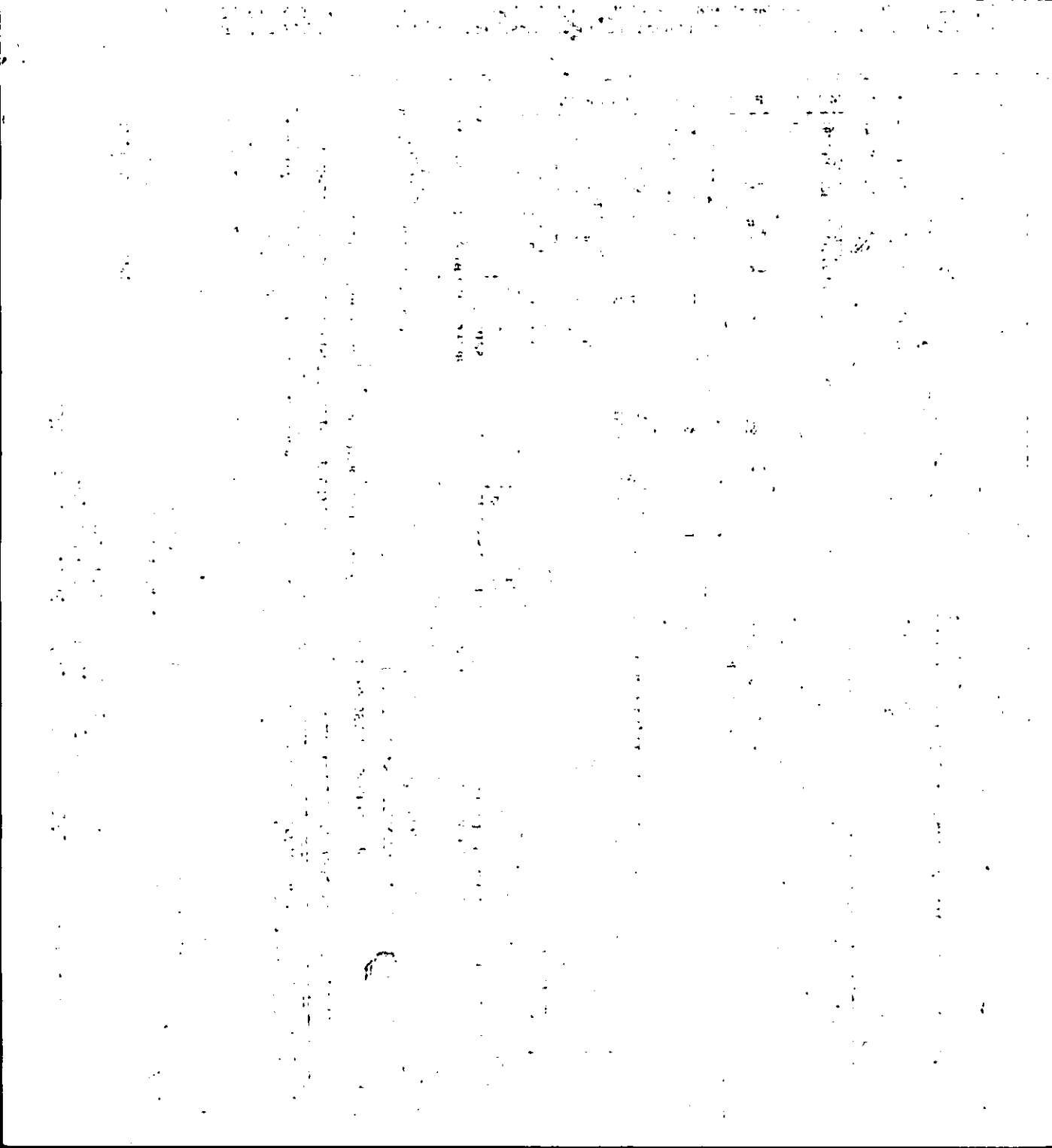
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. A. Smith, M. D.

(Address) Warish Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township

Primary Registration District No. 5495

City (No.)

File No.

Registered No. 56

St. Ward

2. FULL NAME

(a) Residence, No. Carmelia Greubler 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. min. 86 11 19

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. UNDERTAKER (ADDRESS)

20. FILED 29

1935 J R Hamilton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw h. 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:

Probably heart failure Date of onset

Other contributory causes of importance:

Probably myocarditis
chronic of long standing
history

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)

APR 26 1955

MAY 1 1955

5-5128