

JUN 21 1935

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

Do not use this space.

16845

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2002 Registered No. _____
City Jepson (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 219 E. Adams St. _____ Ward. Nevada, Mo.
(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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 4

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. Teacher
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) Jepson Missouri

13. NAME B. A. Crabie

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

15. MAIDEN NAME Louis Bittel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jepson, Mo. Arkansas

17. INFORMANT (ADDRESS) B. A. Crabie 219 E. Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Adams DATE May 19 1935

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Missouri

20. FILED 5-21 1935 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 17 1935. I last saw her alive on May 17 1935. 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:

Post Measles Encephalitis Date of onset 5-18-35

Other contributory causes of importance: Strep. Media Measles 5-8-35 5-12-35

Name of operation _____ Date of _____
What test confirmed diagnosis? Clouded 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 _____

(Signed) [Signature], M. D.
(Address) Nevada, 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.

