JUN 26 1935

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

Do not use this space.

20605

1. PLACE OF DEATH
County: Pemiscot
Township: Concord
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5865

File No. 202
Registered No. 202

2. FULL NAME: David 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*): M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-3-1867

7. AGE: YEARS 67 | MONTHS 8 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

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.: Farm.
10. Date deceased last worked at this occupation (month and year): 4-4 1934
11. Total time (years) spent in this occupation: 4 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Obion Co Tenn.

FATHER

13. NAME: Isaac Jasper Crockett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER

15. MAIDEN NAME: D K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

17. INFORMANT (ADDRESS): Lee Crockett Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dry Bayou DATE: 6-13, 1935

19. UNDERTAKER (ADDRESS): H. S. Lynch Caruthersville Mo

20. FILED 6-13, 1935 J W Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jul. 1, 1935, to 6-12, 1935
I last saw h. alive on 6-1-, 1935. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Pellagra — Date of onset 1934

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) J W Rhodes, M. D.
(Address) Hayti Mo

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