OCT 24 1935

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

Do not use this space.

26311

1. PLACE OF DEATH
County Iron
Township Iron
City ..... (No. ....., ... St. ..... Ward)

Registration District No. H 59
Primary Registration District No. 5-5-49

File No. .....
Registered No. 8

2. FULL NAME Ola May Crocker.

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30. 1892.

7. AGE YEARS 42 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sam Stricklin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.
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) Iron County, Mo.

FATHER
13. NAME Sam Stricklin.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo.

MOTHER
15. MAIDEN NAME Carline Gollaher.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County. Missouri.

17. INFORMANT (ADDRESS) Clyde Crocker. Banner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Banner Mo. DATE 8-28 1935

19. UNDERTAKER (ADDRESS) Norman White & son. Ironton Mo.

20. FILED Sept 18, 1935 Mrs W A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27- 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to Aug. 27-, 1935 I last saw her alive on Aug. 25-, 1935. Death is said to have occurred on the date stated above, at 4.00 P.m.

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

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) F. W. Gale, M. D.
(Address) Bismarck 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.