

OCT 22 1935

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

Do not use this space.

29526

1. PLACE OF DEATH

County Jackson Registration District No. 390
Township Franklin Primary Registration District No. 11009
City Madison City (No. 4) General Hosp (Ward) 02005

2. FULL NAME

Daisy Cronmiller
(a) Residence, No. 2442 Kensington Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W. Married</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harrison Cronmiller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2-1894</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>41</u>	<u>7</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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)		11. Total time (years) spent in this occupation	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Thos J Gruen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>
	15. MAIDEN NAME <u>Susan Dean</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>Reina Clark</u> (ADDRESS) <u>11009</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Park K.C.K.</u> DATE <u>Sept 13</u> , 19 <u>35</u>	
19. UNDERTAKER <u>Rose & Henderson</u> (ADDRESS) <u>157 Jackson</u>	
20. FILED <u>9-11</u> , 19 <u>35</u> <u>M.M. Clowest</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1935, to 9-11, 1935
I last saw her alive on 9-11, 1935 Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:
Myxedema
Chronic glomerular nephritis;
131
Other contributory causes of importance:
Secondary Anemia

Name of operation no Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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. Gruen, M. D.
(Address) 11009

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.

