

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

Do not use this space.

OCT 24 1935

29921

1. PLACE OF DEATH

County Jackson Registration District No. 431 File No. _____
 Township _____ Primary Registration District No. 3023 Registered No. 110
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME

George M. Crumpton
 (a) Residence, No. 4193 Holden 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 Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie V. Crumpton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 0 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Maryland

FATHER 13. NAME Thomas Crumpton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Hannah P. Marlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Maggie V. Crumpton (ADDRESS) 4193 Holden Warrensburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Sept 15, 1935

19. UNDERTAKER W. F. Wilcox Funeral Service (ADDRESS) Warrensburg Mo.

20. FILED Sept. 15 1935 Ceval Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 11, 1935, to Sept 14, 1935. I last saw him alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 2:25 P.M.

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

Date of onset Sept 5
myocarditis
93 & 1
 Other contributory causes of importance: Atherosclerosis Sept 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? NO
 If so, specify _____
 (Signed) W. F. Wilcox M. D.
 (Address) Warrensburg 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.

