

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.

DEC 18 1935

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

Do not use this space.

35811

1. PLACE OF DEATH

County Trenton Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. 325, Hovey) St. _____ Ward _____

File No. _____
 Registered No. 638

2. FULL NAME

Chas. R. Critchfield
 (a) Residence, No. 325 Hovey St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Effie May Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 27 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 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) Missouri (STATE OR COUNTRY)

FATHER 13. NAME Ransom Critchfield

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

MOTHER 15. MAIDEN NAME Elegabeth Penny

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

17. INFORMANT Lida Swanson (ADDRESS) 325 Hovey Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Grater & Osceola DATE 11/29 1935

19. UNDERTAKER D. S. Kull (ADDRESS) Osceola Mo

20. FILED 11-29 1935 Rivdunpton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1935, to 11/27 1935
 I last saw h. live alive on 11/20 1935. Death is said to have occurred on the date stated above, at 3 p m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with hyper tension
 Date of onset 28.3 yrs.
 Other contributory causes of importance _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) R. S. Kull M. D.
 (Address) Springfield Mo

