

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

Do not use this space.

1056

FEB 19 1936

1. PLACE OF DEATH

County Holt Registration District No. 370
 Townshp. _____ Primary Registration District No. 4216
 City Forest city (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 27 yrs. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Presley Roland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
 10. Date deceased last worked at this occupation (month and year) about 1926 11. Total time (years) spent in this occupation. 65y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brewer Co Mo

FATHER 13. NAME Albert Cropp

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. C. C. France
 (ADDRESS) Forest city Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Co DATE Jan 23, '36

19. UNDERTAKER J. P. O'Connell
 (ADDRESS) Forest city Mo

20. FILED Jan 22 1936 J. F. O. Bullock
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935, to Dec 29 1935

I last saw him alive on Dec 29 1935. Death is said to have occurred on the date stated above, at 7:30 A.

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

She was found dead in bed. Cause of death unknown - except old age. She fell about Dec 27 - 1935

Other contributory causes of importance: and had a probable fracture (intra-capsular) of hip

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 Dec 27, 1935

Where did injury occur? at home Forest city Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
 Nature of injury probable fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. O. Bullock M. D.
 (Address) Forest City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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