

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.

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

Do not use this space.

MAR 16 1936

1809

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 5401

City

Paplar Bluff (W. Kelleytown add)

St. _____ Ward _____

2. FULL NAME

Allen Cripps

(a) Residence, No. Paplar Bluff mo & Kelleytown add
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Cripps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1930 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME David Cripps

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

MOTHER 15. MAIDEN NAME Mary Friend

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

17. INFORMANT (ADDRESS) Hannah Cripps
R 5 Paplar Bluff mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Hill DATE Mar 1 1936

19. UNDERTAKER (ADDRESS) N.T. Phelps
Paplar Bluff mo

20. FILED 3/1 1936 O. C. Cutsinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5 1935 to Feb 28 1936

I last saw him alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

myocarditis, chronic

Date of onset ?

Other contributory causes of importance:

Smoking

?

Name of operation _____ Date of _____

What test confirmed diagnosis? Chloroform 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) J. Lester Harwood, M. D.
Paplar Bluff, Mo.
(Address)

Handwritten text, possibly a name or title, written vertically on the left side of the page.

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