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.

APR 23 1936

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

Do not use this space.

10780

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1452
Township Raw — Primary Registration District No. 1002 — Registered No. 1452
City K.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Lemuel Crittenden
(a) Residence, No. 618 Charlotte 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Myrtle Crittenden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1879
7. AGE YEARS 56 MONTHS 11 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Texas

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 3-18 1936
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED Mch 18, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1936, to 3-11, 1936
I last saw him alive on 3-11, 1936 Death is said to have occurred on the date stated above, at 5:05 A.M.
The principal cause of death and related causes of importance were as follows:
Hypertensive Type Heart Disease 9562 — Date of onset
Other contributory causes of importance:
Decompensation
Name of operation Clinical 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, 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) [signature] M. D.
(Address) General Hosp. #2

1