

APR 24 1936

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

Do not use this space.

12071

1. PLACE OF DEATH

County RandolphRegistration District No. 735Township MoberlyPrimary Registration District No. 3034City Moberly(No. 442 Woodland)

File No. _____

Registered No. 70

St. _____ Ward _____

2. FULL NAME

Henrietta Hulett Crews(a) Residence, No. 441 Woodland 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28th 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

821248. 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.

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) mo13. NAME Harrison Hulett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Mary J. Brink16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo17. INFORMANT (ADDRESS) Charles Crews
Moberly mo18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly mo DATE March 24th 193619. UNDERTAKER (ADDRESS) Mahan & Son
Moberly mo20. FILED 3/26 1936 Virginia Baker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22nd 193622. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to March 22 1936I last saw him alive on March 22 1936 Death is saidto have occurred on the date stated above, at 11:50 a.m.

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

Acute Broncho Pneumonia 5 days

Other contributory causes of importance:

Influenza 8 daysName of operation None Date of _____What test confirmed diagnosis? Culture 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? _____

If so, specify _____

(Signed) V. G. Mitchell M. D.(Address) Moberly 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.

