

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.

MAY 19 1936

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

Do not use this space.

14457

1. PLACE OF DEATH

County Cedar Registration District No. 163
Township _____ Primary Registration District No. 4095
City Eldorado Springs, (No. _____) St. _____ Ward _____

2. FULL NAME

VINA CRABTREE

(a) Residence, No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William Crabtree
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1850
7. AGE YEARS 85 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Missouri

MOTHER 13. NAME Green Simmons

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Mornin Wright

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs Bertha Owens
(ADDRESS) Eldorado Springs, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE City (cem) DATE 4/27/1936

19. UNDERTAKER Gwinn - Siders
(ADDRESS) Eldorado Springs, Mo.,

20. FILED 4/27/1936 J. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1936
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 25, 1936
I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 4-14-36

Other contributory causes of importance: 118

Name of operation None Date of _____
What test confirmed diagnosis? None 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. B. Williams, M. D.
(Address) Eldorado Springs, Mo.

