

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

Do not use this space.

JUN 3 1936

18879

1. PLACE OF DEATH

County Clack
Township Johnson
City Revere (Name)

Registration District No. 192
Primary Registration District No. 5273

File No.
Registered 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 yrs. mos. da. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ OR (OR) WIFE OF Geo W. Christy Sr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1879

7. AGE YEARS MONTHS DAYS
56 | 11 | 21
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clack County Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lephas Cronin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Ann Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Geo W. Christy
(Address) Revere Mo.

15. FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1936

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1935, to June May 29, 1936 that I last saw him alive on May 27, 1936 and that death occurred, on the date stated above, at 4 a...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. L. McConnell, M. D.

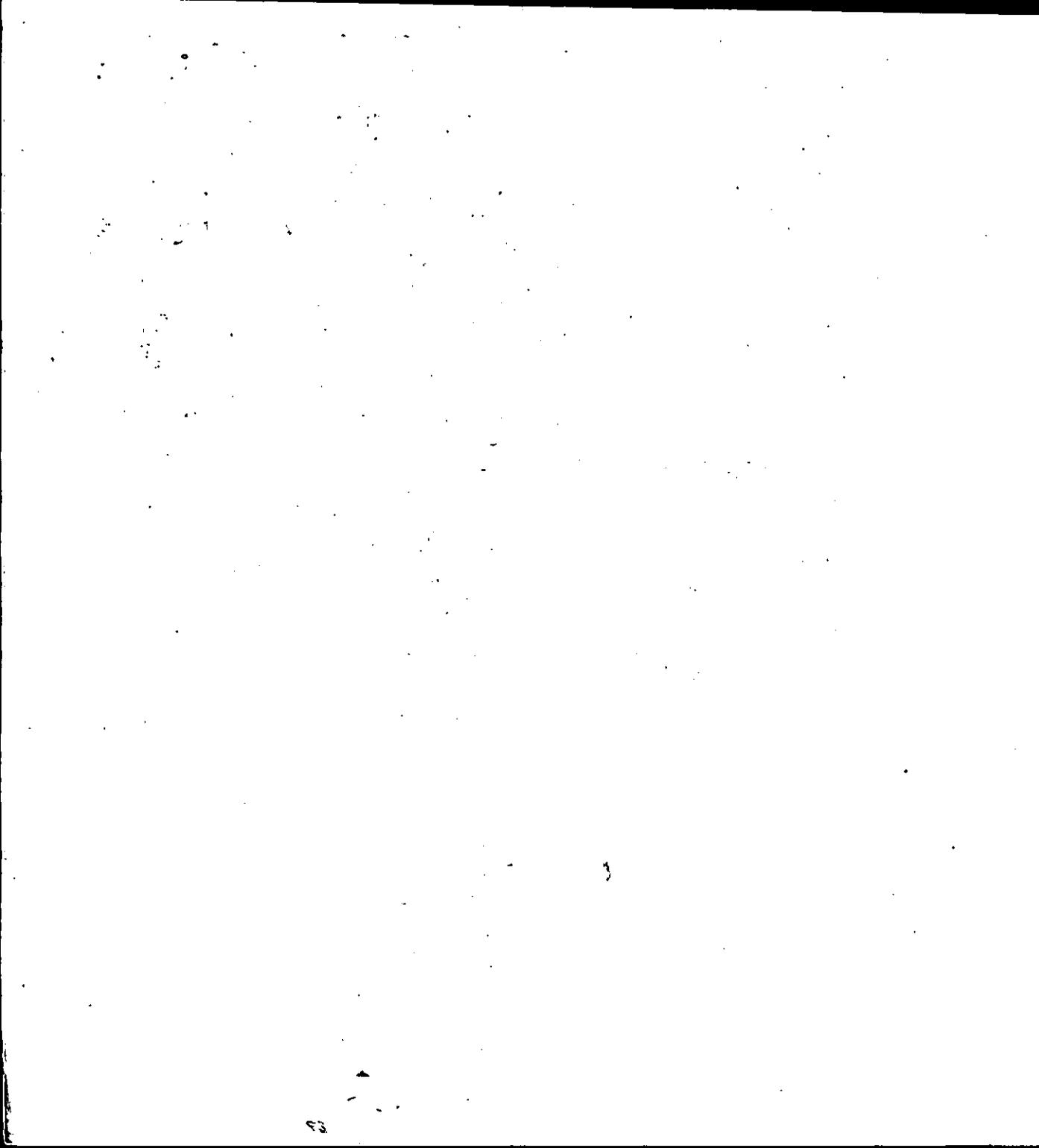
1936 (Address) Revere Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR INTERMENT Peckville Mo DATE OF BURIAL June 2 1936

20. UNDERTAKER G. W. Epperhart ADDRESS Revere, 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.



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