

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.

JUN 20 1936

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

Do not use this space.

19115

1. PLACE OF DEATH  
County GREENE Registration District No. 317  
Township REPUBLIC Primary Registration District No. 4192  
City REPUBLIC (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME EDWARD DABNEY CRUME  
(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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>PEARL HAYES</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>AUG 29 1889</b>				
7. AGE	YEARS <b>46</b>	MONTHS <b>8</b>	DAYS <b>29</b>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>LABORER</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>PAINTER</b>			
	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) <b>LOUISIANA</b>				
FATHER	13. NAME <b>MC CRUME GIPPI</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>MISSISSIPPI</b>			
	15. MAIDEN NAME <b>DRUCIA HENDERSON</b>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>DONT KNOW</b>			
	17. INFORMANT <b>Mrs. DABNEY CRUME</b> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evergreen C.</u> DATE <u>5/29</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>W. L. Thompson &amp; Co. Republic Mo</u>				
20. FILED <u>5/29</u> 19 <u>36</u> <u>Mrs. Bertha</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to May 28, 1936.  
I last saw him alive on May 27, 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:  
Valvular disease of Heart with dilatation Date of onset \_\_\_\_\_  
59  
Other contributory causes of importance: Diabetic mellitus

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physiologic Signs an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) E. L. Beal, M. D.  
(Address) Republic Mo

