

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

23934

1. PLACE OF DEATH
 County Randolph Registration District No. 734
 Township Jackson Salt River Primary Registration District No. 5969
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Cap E. Creed Jacksonville, Mo.

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15- 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>2</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer,

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) Calaway Co. Mo.

FATHER **13. NAME** James M. Creed,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER **15. MAIDEN NAME** Melvina M. Hill.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs Anna Edwards. Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Cemetery **DATE** June 25-36

19. UNDERTAKER (ADDRESS) Snow Funeral Home. Moberly, Mo.

20. FILED Aug 3 1936 R.H. Carter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to June 24, 1936
 I last saw him alive on June 24, 1936 at 9:20 AM. Death is said to have occurred on the day stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Septicæmia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John P. Allen, M. D.
 (Address) Leino mo

