N. B.—Every item of information should be carefully supplied. 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

SEP 9 1936

Do not use this space.

26241

File No.
Registered No. 593

1. PLACE OF DEATH

County Greene — Registration District No. 318
Township N. Campbell — Primary Registration District No. 2001
City Springfield (No. Burge Hosp St. Ward)

2. FULL NAME Mary Ann Crotts

(a) Residence, No. 1502 N. Robberson 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. 12 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 Henry C. Crotts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	15/14	

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. Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri.

FATHER

13. NAME Michael Weitwein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Baden Germany

MOTHER

15. MAIDEN NAME Matilda Calvin

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

17. INFORMANT Charley Ripley
(ADDRESS) 502 N. Robberson, Springfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Marshfield DATE July 14, 1936

19. UNDERTAKER Rex Rainey
(ADDRESS) Marshfield, Missouri.

20. FILED 7-13-36 Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 13, 1936
I last saw h~~er~~ alive on July 12, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo-carditis	Unknown
Not known, but history indicates of long standing	1
Other contributory causes of importance:	
Nephritis chronic	Unknown

Name of operation None Date of —
What test confirmed diagnosis? Clinic 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. M. Coon, M. D.
(Address) Springfield, Mo.