

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.

001 20 1936

33614

1. PLACE OF DEATH

County Bollinger
 Township Labadel
 City Marble Hill (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Single

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

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

Feb 24 - 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

26

7

1

OCCUPATION

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

Student

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)

Marble Hill

FATHER

13. NAME

A. P. Crocker

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

Marble Hill

MOTHER

15. MAIDEN NAME

Shanks

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

Marble Hill

17. INFORMANT (ADDRESS)

A. P. Crocker
Marble Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bahn Chapel

DATE

Sept 27

1936

19. UNDERTAKER (ADDRESS)

Brother Baker
Marble Hill

20. FILED

191

1936

J. J. Shandlin

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 25, 1936

I HEREBY CERTIFY, That I attended deceased from
Sept 14, 1936 to Sept 21, 1936

I last saw him alive on Sept 21, 19.... Death is said

to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Acute
23

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

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)

J. A. Van Dusen, M. D.

(Address)

Marble Hill

