

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.

NOV 22 1936

37106

**1. PLACE OF DEATH**

County Clay Registration District No. 199  
Township Keokuk Primary Registration District No. 5-279a  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Jacques M. Croney  
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe M. Croney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-30-1858</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 36, to Oct 5, 1936  
I last saw him alive on Oct 5, 1936. Death is said to have occurred on the date stated above, at 2.00 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Oct. 5-36  
acute.

Other contributory causes of importance:  
Arteriosclerosis  
Sensitivity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (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. E. Van Winkle, D.M.D.  
(Address) Lathrop, Mo.

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

FATHER  
13. NAME John Jackson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
15. MAIDEN NAME Emeline Jamison  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT J.P. M. Croney  
(ADDRESS) Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cathedral DATE Oct 7, 1936

19. UNDERTAKER Thomas Fry  
(ADDRESS) Keokuk

20. FILED Oct 7, 1936 W.A. Miller  
Registrar.

