DEC 3 1936

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

Do not use this space.

38304

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.

1. PLACE OF DEATH
County Mississippi Registration District No. 566 File No.
Township Tywappity Primary Registration District No. 3030 Registered No. 130
City Charleston (No. ... St. ... Ward)

2. FULL NAME John Leonard Cruson
(a) Residence. No. Center St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Cruson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14-1863
7. AGE Years 73 Months 7 Days 26 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.

FATHER
13. NAME John Cruson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Ellen Sutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Cruson
(ADDRESS) Charleston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Oct. 11 1936
19. UNDERTAKER Frank Fair Funeral Service
(ADDRESS) Charleston-Mo.
20. FILED Oct 12- 1936 F. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 7:45 A.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1931, to Oct 10 1936
I last saw him alive on Oct 6 1936 Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Cardio Renal Disease D.K.

Other contributory causes of importance:

Silicosis D.K.

Name of operation none Date of
What test confirmed diagnosis? Clinical Symptoms 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?
If so, specify
(Signed) E. Chas. Soleiving, M. D.
(Address) Charleston, Mo.