OEC 18 1936

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

Do not use this space.

40386

1. PLACE OF DEATH
County Boone — Registration District No. 79
Township Bourbon — Primary Registration District No. 4047
City Sturgeon (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mary Florence Crosswhite
(a) Residence, No. ✓ St. ✓ Ward. ✓ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Dont Know 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harrison Crosswhite
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1936
7. AGE YEARS 80 MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Glasgow Mo

FATHER
13. NAME Warren Hardin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Amanda Katherine Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) W. E. Powell Kansas city, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Horeb DATE Nov 17 1936
19. UNDERTAKER (ADDRESS) Barnes & Boothe Sturgeon, Mo.
20. FILED Nov 17, 1936 E. N. Gaity MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1936
22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov 16, 1936
I last saw him alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1935
Other contributory causes of importance:	
Dropsy	1 year
Varicose Ulcers Leg	1 year

Name of operation ✓ Date of .....
What test confirmed diagnosis? Stethoscope 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 A. R. McCinas
(Signed) ..... M. D.
(Address) Sturgeon Mo

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.

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