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.

NOV 20 1936

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

Do not use this space.

40392

1. PLACE OF DEATH

County Buchanan, Registration District No. 83 File No.

Township Primary Registration District No. 5124 Registered No.

City Faucett, Mo. (No. Faucett, Mo. 4651 St. Ward)

2. FULL NAME James Martin Critchfield,

(a) Residence, No. Faucett, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 29 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: Sarah Critchfield,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1860

7. AGE: YEARS 76 | MONTHS 4 | DAYS 29 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): November 1936
11. Total time (years) spent in this occupation: 55

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

FATHER

13. NAME: Martin Critchfield,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER

15. MAIDEN NAME: Sarah Brady,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

17. INFORMANT (ADDRESS): Mrs. James M. Critchfield Faucett, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Turner Cem. DATE Nov. 5th. 1936

19. UNDERTAKER (ADDRESS): Heaton Bigole & Bowman St. Joseph, Mo. Funeral Home

20. FILED 11/5/ 1936 W S Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Nov 4, 1936

I last saw him alive on Nov 3, 1936. Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Acute Nephritis

Date of onset

Other contributory causes of importance:

Influenza

Name of operation none Date of

What test confirmed diagnosis? clin Hist 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) Forrest Thomas, M. D.

(Address) 730 Faraon