

JAN 20 1937

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

Do not use this space.

44607

1. PLACE OF DEATH

County Iron
Township Arcadia
City (No. ,) St. Ward

Registration District No. 391
Primary Registration District No. 5546a

File No. 86
Registered No. 86

2. FULL NAME EddanUlyses Crocker

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Dec 29 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1861

I last saw him alive on Dec 16 1936 Death is said to have occurred on the date stated above, at 11.00P

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 6 18

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

Bright's disease Date of onset

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 1320

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tenn

13. NAME Carrol Crocker

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Betty Terry

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Alfred Bress (ADDRESS)

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Mo. DATE Dec. 31 1936

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER White & son Ironton Mo. (ADDRESS)

(Signed) E. L. Bankhouse M. D. (Address) Bankhouse Mo

20. FILED Dec 31 1936 R. A. Reese Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County Iron
Township
City Eddin (No. 1)

Registration District No. 391
Primary Registration District No. 5546a

File No. 44607
Registered No. 86
St. Ward

2. FULL NAME

Eddin H. Crucker

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. - 29 - 1936

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said

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

to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 6 18

Bright's Disease Date of onset

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

Attending physician now deceased - no further history
Other contributory causes of importance

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 2-17-1937 R. D. Pasche Registrar

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 E. L. Partridge M. D.
(Signed) Trouton, Mo.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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