

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

Do not use this space.

JAN 20 1937

44626

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township Blaine Primary Registration District No. 3019

City Independence No. 918 So. Emory Street St. _____ Ward _____

File No. _____

Registered No. 396

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 918 South Emory 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT Edith Crenshaw (ADDRESS) 918 So Emory St. Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loft Cemetery DATE 12/20 1936

19. UNDERTAKER George Crenshaw (ADDRESS) Independence

20. FILED 12-23-36 1936 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th 1936, to Dec 17th 1936

I last saw her alive on 12 M - Dec 16, 1936 Death is said to have occurred on the date stated above, at 7:15 m.

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

Acute Lobar Pneumonia Date of onset Dec 13, 1936

Other contributory causes of importance None

Name of operation _____ 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) Dr. Grace D. O'Neil M. D.

(Address) Independence

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.

