

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.

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

Do not use this space.

47352

JAN 27 1937

1. PLACE OF DEATH
 County Stoddard Registration District No. 839
 Township Richland Primary Registration District No. 6101
 City (No.) St. Ward

2. FULL NAME Daniel Franklin Crossett
 (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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-31

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>5</u>	<u>8</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Leach Springs, Mo.

MOTHER FATHER

13. NAME Richard Crossett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leach Springs, Mo.

15. MAIDEN NAME Harriett Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leach Springs, Mo.

17. INFORMANT (ADDRESS) W. F. Carls, Leach Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Upper Coaker DATE 12-9-36

19. UNDERTAKER (ADDRESS) Hill Bros, Leach Springs, Mo.

20. FILED 1-12-37 1937 J. P. Brannen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1936

I HEREBY CERTIFY That I attended deceased from Dec. 7 1936 to Dec. 8 1936

I last saw him alive on Dec. 8 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Other contributory causes of importance: 10

Name of operation Date of

What test confirmed diagnosis? clinical 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
 (Signed) Edward Ford, M. D.
 (Address) Blodgett field, Mo.

Physician's Initials P.K.

