

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 16 1936

1. PLACE OF DEATH

County Caldwell Registration District No. 94
 Township Brookridge Primary Registration District No. 4056
 City Brookridge (No.) St. Ward)

File No. 47878

Registered No.

2. FULL NAME

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

MOTHER FATHER 13. NAME Ladern J. Crews

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

15. MAIDEN NAME Ona Egelston

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

17. INFORMANT (ADDRESS) Ladern J. Crews

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Nov 17 36

19. UNDERTAKER (ADDRESS) T. McBeck - Son

20. FILED Apr 19 1936 A. R. Wiley MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to , 19

I last saw h alive on Stillborn, 19 . Death is said to have occurred on the date stated above, at m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. J. Hardy, D. O., M. D.
 (Address) Brookridge, Mo

