

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.

DEC 18 1936

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

Do not use this space.

49349

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Jasper (No. 214 N. McCoy) Ward 4

2. FULL NAME Andrew Crockett Jr
 (a) Residence, No. 214 N. McCoy 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1936

7. AGE YEARS MONTHS DAYS 0 0 0 LESS than 1 day, _____ hrs. or _____ min.

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 _____

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

13. NAME Andrew Crockett

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

15. MOTHER'S NAME Margaret Cavener

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

17. INFORMANT (ADDRESS) Andrew Crockett Jr, Jasper MO

18. BURIAL, CREMATION, OR REGIONAL PLACE DATE Peace Cem 11-25-36

19. UNDERTAKER (ADDRESS) Durbin and Co, Jasper MO

20. FILED 11-25-36 Jasper MO Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24-36 to 11-24-36
 I last saw h. _____ alive on 11-24-36 Death is said to have occurred on the date stated above, at 2-30 AM
 The principal cause of death and related causes of importance were as follows:
Strangulation during delivery
 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. A. Howland, M. D.
 (Address) Jasper MO

