

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

Do not use this space.

JAN 29 1937

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2001  
 City Springfield, Mo. (No. Baptist Hosp.) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 49468  
 Registered No. 986

**2. FULL NAME**

(a) Residence, No. Capronville Baptist Hospital Maecene M. Crocker  
 (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) Missouri, Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-2-36</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, <u>0</u> hrs. or <u>0</u> 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) <u>Springfield, Mo., Greene Co., Mo.</u>		
FATHER	13. NAME <u>Ray M. Crocker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Verna Lea Hurd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ray M. Crocker, 1111 Walnut, Springfield, Mo. R#1.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hills</u> DATE <u>12-3-36</u>		
19. UNDERTAKER (ADDRESS) <u>Drum Funeral Home, Walnut Street, Mo.</u>		
20. FILED <u>Dec 2-</u> 19 <u>36</u> <u>Chas. A. George, Md. Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2- to 12-2-  
 I last saw Still Born on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Still Born  
Contracted pelvis  
 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) C. E. Feller, M. D.  
 (Address) Springfield, Mo.

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.

