

FEB 16 1937

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

Do not use this space.

820

1. PLACE OF DEATH

34 County Douglas
Township Richwood
City Richwood (No. 1)

Registration District No. 957Primary Registration District No. 5396

File No. _____

Registered No. 1

St. _____ Ward _____

2. FULL NAME

Thelma Maxine Croner
(a) Residence, No. Iron Bridge 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 Female 4. COLOR OR RACE White 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) Sept. 18, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 3 14

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

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) Douglas Co. Mo.13. NAME Odie Croner !14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo. !15. MAIDEN NAME Elberta Welch !16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo. !17. INFORMANT Odie Croner
(ADDRESS) Iron Bridge18. BURIAL, CREMATION, OR REMOVAL
PLACE Met on Cnty. DATE Jan 2 193719. UNDERTAKER Mrs. Johnson
(ADDRESS) Iron Bridge20. FILED Jan 5, 1937 Jaye Thurston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 - 193722. I HEREBY CERTIFY, That I attended deceased from Dec - 30, 1936 to Jan 1 - 1937I last saw him alive on Dec 31 - 1936 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:

Septicemia - Date of onset 12/24

(Septicemia Injection)
from abrasion on
heel (foot)

Other contributory causes of importance: _____

Name of operation none Date of _____Was post confirmed diagnosis? Clinical Was there an autopsy? no23. 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) P. D. Goss, M. D.(Address) Neas Plains Mo.

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.

