

FEB 25 1937

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

Do not use this space.

1309

1. PLACE OF DEATH

County Jackson

Registration District No. 300

File No. 5

Township Jackson

Primary Registration District No. 300

Registered No. 100

City Jackson City (No. 100)

100

St. Mo. Ward

2. FULL NAME

Alice Crismon

(a) Residence, No. 1110 Penn St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

25

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1

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

Mo

FATHER

13. NAME

Irwin Hockaday

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

Mo

MOTHER

15. MAIDEN NAME

Martha Shetridge

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

Mo

17. INFORMANT (ADDRESS)

Deacon Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Mary's Hill

DATE

1-7-37

19. UNDERTAKER (ADDRESS)

Doane

20. FILED

1-7-37

Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

1-3-37 to 1-5-37

I last saw her alive on 1-5-37 Death is said

to have occurred on the date stated above, at 9:55 PM

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

Broncho-pneumonia

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) P. J. De Maria M. D.

(Address) Supr. Clin. Hosp. Crmo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

