

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County *Webster*
Township *Finley*
City (No. *2*)

Registration District No. *297*
Primary Registration District No. *6201*

File No. *4764*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Lodine Critser*

(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 *20 yrs. 3 mos. 16 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OF WIFE OF <i>Emil P. Critser</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 30 - 1916</i>		
7. AGE	YEARS <i>20</i>	MONTHS <i>3</i>
	DAYS <i>16</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan - 16* 1937

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 1st* 1936, to *Jan. 1st* 1937
I last saw her alive on *Jan. 1st* 1937. Death is said to have occurred on the date stated above, at *2:30 p.m.*

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

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? *no.*
If so, specify _____
(Signed) *Dr. U. A. Kellner, M.D.*
(Address) *Seymour, Mo.*

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Webster Co. Mo.</i>
	13. NAME <i>Elick Cardwell</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Webster Co. Mo.</i>
	15. MAIDEN NAME <i>Mellicia Hammond</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
FATHER	17. INFORMANT <i>Tommy Cardwell</i> (ADDRESS) <i>Seymour, Mo.</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Hordland Cemetery</i> DATE <i>Jan - 17</i> 1937
	19. UNDERTAKER <i>Kelley Ferrall</i> (ADDRESS) <i>Seymour, Mo.</i>
	20. FILED <i>2-18-37</i> <i>W H Bollinger</i> Registrar

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
2025-19-35
I X7284

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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