

FEB 19 1937

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

Do not use this space.

7427

1. PLACE OF DEATH

County Seneca  
Township Seneca  
City Seneca (No.     )

Registration District No. 611  
Primary Registration District No. 4365

File No.       
Registered No.      St.      Ward     

2. FULL NAME

Crumbliss (Infant)

(a) Residence, No.      St.      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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)     

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5-1937

7. AGE YEARS MONTHS DAYS If 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) Seneca (STATE OR COUNTRY) Missouri

13. NAME George Crumbliss

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

15. MAIDEN NAME Lucile McNary

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

17. INFORMANT George Crumbliss (ADDRESS) Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seneca DATE 2-6-1937

19. UNDERTAKER No Undertaker (ADDRESS)     

20. FILED Feb 8 1937 Merle Sparlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-5 19 37

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1937 to 2-6-1937

I last saw him alive still born 19      Death is said

to have occurred on the date stated above, at 1.1 P.M.

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

Can't say  
Stillborn

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? no

If so, specify     

(Signed) W. E. Crumbliss, M. D.

(Address) Seneca Mo

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