APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Adair
Township: Clay
City: (No. , St. Ward)

Registration District No. 1023
Primary Registration District No. 5006

File No. 10981
Registered No. 37

2. FULL NAME: Seth Crump

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Maggie Crump

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24 1890

7. AGE: Years 46 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): La Plata New Mexico

FATHER
13. NAME: Thomas Crump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: Emma Mineard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Maggie Crump

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster Mo DATE Mar 24, 1937

19. UNDERTAKER (ADDRESS): Troye Morehead Lancaster Mo

20. FILED Mar. 23, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him alive on , 19. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Load of shot from 12 gauge shot gun penetrating back of head, by accident.

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? accident Date of injury 3-22, 1937
Where did injury occur? on county road
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on county road
Manner of injury shot gun wound in back
Nature of injury of head.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) C. D. Davis coroner, M.D.
(Address) Kirksville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-36-33