

APR 19 1937

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

Do not use this space.

11734

1. PLACE OF DEATH

County DeKalbRegistration District No. 262Township PolkPrimary Registration District No. 5364City Union Star Mo (No.)

St. Ward)

2. FULL NAME

Frances Bernice Creamer(a) Residence, No. New Union Star St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND OF~~
(OR) WIFE OFAlexander Creamer

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

Dec. 14, 1895

7. AGE

YEARS

41

MONTHS

3

DAYS

17

If LESS than 1 day, hrs. or min.

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.

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)

Clinton County Missouri

13. NAME

Robert Cook

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

Tower Mo.

MOTHER

15. MAIDEN NAME

Fannie Allen

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

Meadville Mo.

17. INFORMANT

(ADDRESS)

Alexander Creamer, Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Osborn

DATE

April 2, 1937

19. UNDERTAKER

(ADDRESS)

Lucile M. Wilson, King City Mo.

20. FILED

4-1

1937

E. M. Reynolds

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mich 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mich 31, 1937, to Mich 31, 1937.I last saw him alive on Not at all, 19..... Death is saidto have occurred on the date stated above, at 12:30 p. m.

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

Suicide by Hanging

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 Suicide 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) E. M. Reynolds, Registrar of Deaths(Address) Union St. & 7th

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.

