

APR 20 1937

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

Do not use this space.

12090

1. PLACE OF DEATH

County Howell  
Township  
City West Plains (No. ....)

Registration District No. 384  
Primary Registration District No. 4227

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME JOSEPH MONROE CRIDER

(a) Residence, No. Rural Route #2 North Suburbs Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Hanna Eliz. Hardy</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 9, 1862</b>		
7. AGE YEARS <b>74</b>	MONTHS <b>6</b>	DAYS <b>16</b>
If LESS than 1 day, .... hrs. or .... min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25, 1937**

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937, to Mar. 25, 1937

I last saw him alive on Mar. 24, 1937 Death is said to have occurred on the date stated above, at 8:10 m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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 .....

Obstruction of bowels  
Date of onset 2/1/37

12. BIRTHPLACE (CITY OR TOWN) **Mariee County, Missouri.**  
(STATE OR COUNTRY)

13. NAME **Joseph Crider**

14. BIRTHPLACE (CITY OR TOWN) **Gasconade County, Missouri**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Catherine Jeanett**

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

Other contributory causes of importance:  
Peritonitis 1935

17. INFORMANT **Mrs. Hanna Eliz. Crider**  
(ADDRESS) **West Plains, Mo. R.R. #2**

18. BURIAL PLACE **West Plains, Mo.** DATE **Mar. 26, 1937**

19. UNDERTAKER **Hal Thomburgh**  
(ADDRESS) **West Plains, Mo.**

20. FILED **3-26 1937** **W. SIMONS**  
Registrar.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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) O. D. Ginn, M. D.  
(Address) **West Plains, 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.

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Howell Registration District No. 384 File No. 12,090  
 Township \_\_\_\_\_ Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
 City West Plains (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>16</u>	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) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE _____ DATE _____ 19__				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>3-26</u> 19 <u>27</u> <u>Vida W SIMONS</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Instruction of bowels Date of onset \_\_\_\_\_

Other contributory causes of importance:  
No operation, no post mortum, cause unknown.

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) P. W. Gunn \_\_\_\_\_, M. D.

(Address) West Plains mo

**SUPPLEMENTARY**

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.

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