

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Oregon
Township Myrtle
City (No)

Registration District No. 695
Primary Registration District No. 6277

File No. 12855
Registered No. 1
St. _____ Ward _____

2. FULL NAME Abner L. Crass

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 45
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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melvine Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr-24-1851</u>		
7. AGE <u>85</u>	YEARS	MONTHS
	<u>10</u>	<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
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) <u>Mo-</u>		
13. NAME <u>Jno. Crass</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Term-</u>		
15. MAIDEN NAME <u>Helen Underwood</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Term-</u>		
17. INFORMANT <u>Robert L. Crass</u> (ADDRESS) <u>Myrtle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Myrtle Mo</u> DATE <u>3/20 37</u>		
19. UNDERTAKER <u>S. L. Dodson</u> (ADDRESS) _____		
20. FILED <u>4-7 37</u> <u>H. J. Harpole</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:
Low blood Pressure
& stroke

Date of onset _____

Other contributory causes of importance:
85a1

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) Dr. Cooper, M. D.
(Address) Shaver Mo.

Errors of printer in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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