JUN 22 1937

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

Do not use this space.

File No. 20218

Registered No.

1. PLACE OF DEATH
County Howell
Township Howell
City (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 5535

2. FULL NAME Fred J. Cromer

(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 40 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	2	1	

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) Harrisburg, Va.

FATHER
13. NAME B. F. Cromer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Ralston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Cuba Cromer Briscoe
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE Feb. 4, 1937

19. UNDERTAKER Robertsons' Mortuary
(ADDRESS) West Plains, Mo.

20. FILED Feb. 4, 1937 Vida W. Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936 to Feb. 2, 1937
I last saw him alive on Feb. 2, 1937. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Robertsons, M. D.
(Address) West Plains Mo