

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.

Do not use this space.

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JUL 29 1937

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

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 411

File No. 23972

Primary Registration District No. 2002

Registered No. Freeman Hosp.

2. FULL NAME Frank Arthur Cromer

(a) Residence, Cartersville, Mo.
(Usual place of abode)

Ward. Cartersville, Mo.

(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 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 Ruby Cromer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1885

7. AGE YEARS 52 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver

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) Henry County Missouri

13. NAME Wm Cromer

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

15. MAIDEN NAME Ann Budget

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

17. INFORMANT Mrs Ruby Cromer (ADDRESS) Cartersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville, Mo. DATE 6/22 1937

19. UNDERTAKER Mt. City Und. Co (ADDRESS) Cartersville, Mo.

20. FILED 6-21-1937 Ed J. Jarman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to June 20 1937

I last saw him alive on June 20 1937 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:
Central Hemorrhage Date of onset Jan 14 1937

Other contributory causes of importance:
Hypertension 194/140

Name of operation 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) Jesse Van M. D.

(Address) Joplin Mo.

