

JUL 31 1937

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

Do not use this space.

24643

1. PLACE OF DEATH

County Polk  
Township Liberty  
City Wardsburg (No. \_\_\_\_\_)

Registration District No. 712  
Primary Registration District No. 5941

File No. \_\_\_\_\_  
Registered No. 13 St. \_\_\_\_\_ Ward)

2. FULL NAME

Starick Jane Grumley

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James Grumley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1852

7. AGE YEARS 85 MONTHS 1 DAYS 27 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo

13. NAME James Davis

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

15. MAIDEN NAME unkno

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

17. INFORMANT (ADDRESS) Mrs. D. S. Salwell Richland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland DATE 6/7/37

19. UNDERTAKER (ADDRESS) A. B. Seep Richland Mo

20. FILED June 6 1937 Everett A. Oliver Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to June 6, 1937. I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 2:00 p. m.

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

Acute Parenchymatous Nephritis Date of onset 4/19/37

Other contributory causes of importance: Unknown cause

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Bi. Side 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) Overth A. Oliver, M. D.  
(Address) Richland, Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

10

11

12

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pulaski Registration District No. 712 File No. 24643  
Township Liberty Primary Registration District No. 5941 Registered No. 13  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.  
Harriet Jane Crumley (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Crumley  
Jane Crumley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9-18 5-25  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 1 27  
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) Life 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1937  
22. I HEREBY CERTIFY, That I attended deceased from Jan 17 to June 6, 1937  
I last saw h. a. L. alive on July 21, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

acute parenchymatous nephritis Date of onset 4/9/37

Other contributory causes of importance: unknown cause

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo  
13. NAME James Davis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) Mrs D.C. Caldwell  
Richland Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE 6/7/ 1937  
19. UNDERTAKER (ADDRESS) R. B. Teepey  
Richland Mo  
20. FILED June 12 1937 Bert A. Oliver  
Registrar.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? bedside 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) Emeret A. Oliver M. D.  
(Address) Richland Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNDECEASED

24643