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.

AUG 19 1937

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

Do not use this space.

26662

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 748
City St. Joseph (No. 1507 South 33rd Street St. Ward)

2. FULL NAME Robert E Critchfield
(a) Residence, No. 1507 So. 33rd Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Etna E Critchfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10. 1871.

7. AGE: YEARS 65 — MONTHS 8 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendance Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Board
10. Date deceased last worked at this occupation (month and year) Oct. 22. 1936.
11. Total time (years) spent in this occupation 17. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri.

FATHER
13. NAME: Martin Critchfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Mary Brady
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Etna E Critchfield 1507 So. 33rd Str St. Joseph.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park
PLACE St. Joseph, Mo. DATE July 5 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED July 3 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1936, to July 2, 1937
I last saw him alive on July 1, 1937. Death is said to have occurred on the date stated above, at 6/50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1935

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Ex. Rab Y X Ray 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph Mo.