

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton  
Township Neasha  
City Neasha Route #2 (No. , St. Ward)

Registration District No. 609  
Primary Registration District No. 5809

File No. 34886  
Registered No. 106

2. FULL NAME

(a) Residence, No. Neasha St. Route #2 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<br><u>Female</u>                                      | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Stillborn</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                                  |                                                                               |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28 '37</u>  |                                  |                                                                               |
| 7. AGE YEARS                                                 | MONTHS                           | DAYS                                                                          |
|                                                              |                                  | If LESS than 1 day, hrs. min.                                                 |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 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 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Stillborn  
Premature 6 months

Date of onset

Other contributory causes of importance:

|                                                                                                         |                                                                                             |                                                 |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| OCCUPATION                                                                                              | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
|                                                                                                         | 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)                           |                                                 |
|                                                                                                         | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neasha Mo.</u>                          |                                                 |
| FATHER                                                                                                  | 13. NAME <u>Earnest Crumbliss</u>                                                           |                                                 |
|                                                                                                         | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton County Missouri</u>              |                                                 |
| MOTHER                                                                                                  | 15. MAIDEN NAME <u>Cecil Mc Kenzie</u>                                                      |                                                 |
|                                                                                                         | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton County Missouri</u>              |                                                 |
| 17. INFORMANT <u>Earnest Crumbliss</u> (ADDRESS) <u>Neasha, Mo.</u>                                     |                                                                                             |                                                 |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Disposed of by family</u> DATE <u>9-28</u> , 19 <u>37</u> |                                                                                             |                                                 |
| 19. UNDERTAKER (ADDRESS) <u>Family</u>                                                                  |                                                                                             |                                                 |
| 20. FILED <u>10-8</u> , 19 <u>37</u> <u>onassaki</u><br>Registrar.                                      |                                                                                             |                                                 |

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) Mc Crumbliss, M. D.  
(Address) St. Louis Hospital  
Neasha

