

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.

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Pine
City _____ (No. _____)

Registration District No. 1033
Primary Registration District No. 6113

File No. 35497
Registered No. _____
St. _____ Ward _____

2. FULL NAME Clara Maud Cron.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Cron.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
37 0 26

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.13. NAME B. F. Jackson.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.15. MAIDEN NAME Jane Gladwell.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Sam Cron
(ADDRESS) Nauvoo, Missouri.18. BURIAL, CREMATION, OR REMOVAL
PLACE Sammylane, Mo. DATE Sept. 19, 193719. UNDERTAKER None.
(ADDRESS) _____20. FILED Sept 27 1937 Chester D Scott,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1937.22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1937, to Sept. 18, 1937

I last saw her alive on Sept. 16, 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Typhoid Fever.

Date of onset

Other contributory causes of importance:

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) G. E. Miller M. D.(Address) Blue Eye, Mo.

REC- 27 1018