

NOV 24 1937

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

38983

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 842
(b) Township Lincoln Primary Registration District No. 6259 Registered No. _____
(c) City Galena (d) Street No. R.F.D. # 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norma Lee Crabb

(a) Residence, No. Galena Mo R.F.D. # 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct, 2-1930</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>1</u>
		DAYS
		<u>1</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Student</u>	
	9. Industry or business in which work was done, as 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) <u>Stone County Missouri.</u>		
FATHER	13. NAME <u>Walter Crabb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stone County Missouri.</u>	
MOTHER	15. MAIDEN NAME <u>Lenna Ellis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stone County Missouri.</u>	
17. INFORMANT <u>Mr Walter Crabb,</u> (ADDRESS) <u>Galena Mo. R.F.D. # 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane Mo.</u> DATE <u>Nov, 4 1937</u>		
19. FUNERAL DIRECTOR <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo.</u>		
20. FILED <u>Nov 8 1937</u> <u>Wm Ethel Doyet</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 3 193722. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Nov 3 1937I last saw her alive on Nov 3 1937. Death is said to have occurred on the date stated above, at 5.00 P.M.

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

Senile Fever -Date of onset
Oct 27-37Other contributory causes of importance: 8

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no23. 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) Wm Ethel Doyet, M. D.(Address) Galena Mo

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

ME. L. E.
No 3072 or by.....

working under my personal supervision. Registered Apprentice No.

Signed Herman Surridge
Licensed Embalmer No. 3072

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)