

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid

Registration District No. 274

File No. 7543

Township Lebanon

Primary Registration District No. 274

Registered No. \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Little Bessy Cronens 615

(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

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Martha Jane Cronens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 14 - 1857

7. AGE

YEARS 80

MONTHS

2

DAYS

28

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Former

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)

Ky.

13. NAME

Kruey Cronens

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

Urk.

15. MAIDEN NAME

Urk

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

Urk

17. INFORMANT (ADDRESS)

Beulah Cronens new Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE maunds - new Madrid DATE Feb 14 1938

19. UNDERTAKER (ADDRESS)

Richards Used Co. new Madrid

20. FILED

2/24 1938 Wm O Bannow

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1st 1938, to February 12 1938

I last saw h. & T. alive on February 9th 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Pneumonia, diffuse bronchial, bilateral.

Date of onset 2-24

Other contributory causes of importance:

Senility

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? no If so, specify \_\_\_\_\_

(Signed) Ernie Smith, M. D.

527 (Address) New Madrid Mo

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.

