REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Barton
Township
City Lamar (No. , St. Ward)
Registration District No. 40
Primary Registration District No. 4024
File No. 17625
Registered No. 22

2. FULL NAME John Crocker 626
(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 1 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 Florence Crocker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5th, 1864

7. AGE: YEARS 74 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Columbus, Ohio

FATHER
13. NAME Thepolis Crocker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Julia Dennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Florence Crocker Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE 5-7-38, 19

19. UNDERTAKER (ADDRESS) River Funeral Home Lamar, Mo.

20. FILED 5-7-, 1938 Mrs Josephine Myratt 40 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 5, 1938
I last saw him alive on April 15 1938 Death is said to have occurred on the date stated above, at 11A. m.
The principal cause of death and related causes of importance were as follows:

Diabetic Gangreene in foot

Date of onset

5A'

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) C. E. Duckett, M. D.
(Address) Lamar Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.