

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

24445
Do not use this space.

REC'D AUG 8 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 1st Mo. Primary Registration District No. 100
 (c) City General Hosp #2 Registered No. 2950
 (d) Street No. 63 St. 11
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 5624 E. 34th 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Floyd C. Crittenden
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1874
 7. AGE YEARS 63 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Tenn.

FATHER 13. NAME Isaac Caldwell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Cynthia Haddad
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

17. INFORMANT (ADDRESS) Record Clerk General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/23/38

19. FUNERAL DIRECTOR (ADDRESS) Hatkins Bros 1729 Lyden

20. FILED July 23, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1938, to 7-21, 1938
 I last saw her alive on 7-21, 1938 Death is said to have occurred on the date stated above, at 5:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/20
 Other contributory causes of importance: Essential Hypertension

Name of operation Clinical Date of No
 What test confirmed diagnosis No 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 I. O. Purpus
 (Signed) General Hosp #2
 (Address)

50M-700-37 I X12004

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.

SFD 06 1947

STATEMENT BY LICENSED EMBALMER

I, J B. Watkins, Licensed Embalmer No. 2889

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J B. Watkins

Licensed Embalmer No. 2889

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.)