

REG'D OCT 18 1938

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

Do not use this space.

33466

1. PLACE OF DEATH

County *Shelby*
Township *Bethel*
City *Bethel*

Registration District No. *826*
Primary Registration District No. *6087*

File No.
Registered No.
St. Ward)

2. FULL NAME

Emma Aurora Crisk 62.0

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-4-1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 27

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

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) *Bethel mo*

MOTHER FATHER 13. NAME *Henry Will*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bethel mo.*

15. MAIDEN NAME *Elizabeth Schweimer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bethel mo.*

17. INFORMANT *Loretta Crisk* (ADDRESS) *Bethel - mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fun* DATE *9/21/38*

19. UNDERTAKER (ADDRESS) *Chas. H. Hays* *Bethel - mo.*

20. FILED *Sept 3 1938* *Dr. C.W. Munn* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 1 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 3 1938* to *Sept 1 1938*.
I last saw him alive on *Sept 1 1938*. Death is said to have occurred on the date stated above, at *12:05 p.m.*

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

Myocarditis

Other contributory causes of importance:

Chronic Nephritis

Name of operation *no* 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 *2*, 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) *I. Howard U. Outten* M. D.

(Address) *Bethel Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 10

District File Number 10-38-204

Date Filed 10-3-38