

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.

18 1938

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

35297
Do not use this space.

1. PLACE OF DEATH

(a) County Cameron Registration District No. 275
(b) Township Union Primary Registration District No. 5770B Registered No. _____
(c) City Stoutland (d) Street No. _____ St. _____
(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 James Edwin Cromer

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) Stoutland Mo

FATHER 13. NAME Ray Cromer

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

MOTHER 15. MAIDEN NAME Erene Beilderbeck

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

17. INFORMANT (ADDRESS) Mrs Rosa Cromer Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland DATE Oct 14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Urgel Evans Stoutland Mo

20. FILED Oct 26 1938 Mrs Mac Pool Mooney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 13, 1938

I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 8 P m.

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

Broncho Pneumonia Date of onset 10-11-1938
1193

Other contributory causes of importance: Gastrointestinal upset coincident

Name of operation none Date of _____
What test confirmed diagnosis? bed side auscultation Was there an autopsy? no

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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. E. Gaulton M. D.
Stoutland Mo (Address)

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
District Health Officer No. 7,
District File Number 7-38-337
Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.