

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

44238
Do not use this space.

REC'D JAN 20 1939

1. PLACE OF DEATH

(a) County Randolph Registration District No. 136

(b) Township Sugar Creek Primary Registration District No. 3024

(c) City Moberly Mo (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 Mary Elizabeth Cropp

(a) Residence, No. 1010 Concord St 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 OF (OR) WIFE OF John Elvia Cropp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-18-1911

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

27 5 20

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. Housewife

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) Moberly MO

FATHER

13. NAME Harry Twyman

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

MOTHER

15. MAIDEN NAME Viola McQuary

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

17. INFORMANT (ADDRESS) John C. Cropp

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Dec-11-1938

19. FUNERAL DIRECTOR (ADDRESS) Snow Funeral Home

20. FILED Dec-9-1938 Ethel Bluten Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-8-1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 28 1938 to Nov 28 1938

I last saw her alive on Nov. 28 1938 Death is said to have occurred on the date stated above, at 12:00 a.m.

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

Tubercular Enteritis Date of onset

Other contributory causes of importance: Pulmonary Tuberculosis

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) H. A. Ferguson, M. D.

(Address) Moberly, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-28-1014

Date Filed 1-9-29

STATEMENT BY LICENSED EMBALMER

I, Thomas E. Barnes, Licensed Embalmer No. 2414
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself &
L. E.
No. R. M. Cator or by R. M. Cator, Registered Apprentice No. 185
working under my personal supervision.

Signed Thos. E. Barnes
Licensed Embalmer No. 2414

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.)