

REC'D FEB 25 1939

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

Do not use this space.

3259

1. PLACE OF DEATH

72 County *New Madrid*
Township *West*
City *Canalou Mo.* (No. *651*)

Registration District No. *1133*Primary Registration District No. *5799A*

File No. _____

Registered No. *1*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Canalou MO* 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. 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 15 1939*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

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

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 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Canalou MO*13. NAME *Harry G. Crumpecker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kellinsville, Oregon*

15. MAIDEN NAME *Rosetta Harr*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sikeston, Missouri*

17. INFORMANT *Harry G. Crumpecker* (ADDRESS) *Canalou - Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Day Wood Cemetery* DATE *1-16 1939*

19. UNDERTAKER *Arday Collier* (ADDRESS) *Sikeston Mo.*

20. FILED *Jan 16 1939* *Jan D. Kachel* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan - 16 - 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 15 - 1939* to *Jan - 16 - 1939*.
I last saw him alive on *Jan 1-15, 1939*. Death is said to have occurred on the date stated above, at *5:15 p.m.*

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

*Stillborn*Date of onset *1-15-39*

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) *John H. Best*, M. D.

(Address) *Canalou - Mo.*
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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.

