REC'D APR 19 1939

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

10990
Do not use this space.

1. PLACE OF DEATH
(a) County Howard, 2 Registration District No. 378
(b) Township 1 Primary Registration District No. 4922 Registered No. 17
(c) City Fayette, (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 610 James Ernest Cropp,
(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beaulah Cropp.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/18th 1885
7. AGE 53 YEARS MONTHS II DAYS I8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher,
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) Missouri, O.

FATHER
13. NAME Alexander Cropp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia, 1

MOTHER
15. MAIDEN NAME Florence Cropp.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

17. INFORMANT (ADDRESS) Mrs Beaulah Cropp. Columbia, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Boonsborro, DATE 3/8th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley. Fayette, Mo.
20. FILED Apr. 6, 1939 V. G. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-(3)(3), 1939, to 3-6, 1939
I last saw him alive on 3-6, 1939 Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 3-3-39
Other contributory causes of importance: Cardio-Vascular Renal Disease 1937
Name of operation None Date of .....
What test confirmed diagnosis? None 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 .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Iva Bloom, M. D.
339 (Address) Fayette Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-1-1938 I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/39

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 Guy T. Harris

Licensed Embalmer No. 2964

P. O. Address Fayette Miss.

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.