

1939 APR 10 1939

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

11791
Do not use this space.

1. PLACE OF DEATH

(a) County Demiseat Registration District No. 65-3
 (b) Township Braggadocio Primary Registration District No. 5871
 (c) City _____ or _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

Registered No. 18

2. PRINT FULL NAME

659 Ella May Crinstead
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Crinstead
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3-1872
 7. AGE YEARS 67 MONTHS 0 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Braggadocio

FATHER 13. NAME Wesley Caruthers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (NAME) (ADDRESS) Frank Crinstead
Braggadocio, Mo

18. BURIAL (CREMATION) OR REMOVAL PLACE Caruthersville, Mo DATE 2/28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge Lind. Co.
Caruthersville, Mo

20. FILED 2-27, 1939 JWH Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-27-1939

I HEREBY CERTIFY that I attended deceased from Dec 30 1938 to Feb-27 1939
 I last saw her alive on 2/26, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1938

Other contributory causes of importance: None

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) L. J. Denton M. D.
 (Address) Braggadocio, 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. 81

District File Number 39-220

Date Filed 3/14/89

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 *J. E. Schuman*.....

Licensed Embalmer No. 4086

P. O. Address *Cauthersville, Mo*

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.