

MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 272
Township St. Francois Primary Registration District No. 446 B
City Elvins (No. 11) St. Ward

File No. 15984
Registered No. 862

2. FULL NAME

Manda Elizabeth McCrorey

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. W. McCrorey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, housewife

9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 7-28-39 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

13. NAME Jake Wellinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

15. MAIDEN NAME Elizabeth Winchester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) F. W. McCrorey Elvins mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammilton DATE 4-24 1939

19. UNDERTAKER (ADDRESS) Caldwell Bur Elvins mo

20. FILED 5-2 1939 O. B. Barrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1939 to 4-25 1939

I last saw her alive on 4-24 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:

Broncho Pneumonia

Other contributory causes of importance:

Influenza

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) O. B. Barrer M. D.

(Address) Flat River mo

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.

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