

REC'D JUN 13 1939

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

18192  
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 98  
(b) Townshp. New York Primary Registration District No. 5145 Registered No. 6  
(c) City Kingston (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 77 yrs. 7 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

David Walter Crist  
(a) Residence, No. Kingston Mo. St.  (If nonresident, give city or town and State)

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 \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 7 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Kingston, Mo.  
13. NAME James Allen Crist  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Callaway County, Mo.  
15. MAIDEN NAME Laveina James  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, West Virginia  
17. INFORMANT (ADDRESS) Garrett Hill  
Kingston - Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Jewell Cemetery DATE May - 12 - 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. Crumley Clark  
Kingston Mo.  
20. FILED May 12 1939 Mrs Ruth Hill  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 7 1939 to May 10 1939  
I last saw him alive on May 10 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
General Arteriosclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 W. A. Shouse, M. D.  
(Signed) W. A. Shouse, M. D. (Address) Kingston, 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.

29-591  
JUN 5 1939

**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,

*F. Cramer Clark*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*F. Cramer Clark*

Licensed Embalmer No.

*3257*

P. O. Address

*Keungston 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.**