

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.

DEC'D JUL 19 1939

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

Do not use this space.

22176

1. PLACE OF DEATH

County Greene
Township Jackson
City Strafford (No. R#2)

Registration District No. 944
Primary Registration District No. 5447B

File No.
Registered No. 10 St. Ward)

2. FULL NAME

(a) Residence, No. Strafford Mo R#2 St. R#2 Ward. (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) Divorced
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13-1880
7. AGE YEARS 58 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm
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) Greene Co Mo

MOTHER / FATHER 13. NAME James Creson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

15. MAIDEN NAME Nancy Buffalo

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

17. INFORMANT Walter Creson (ADDRESS) Strafford, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Cemetery DATE June 23 1939

19. UNDERTAKER (ADDRESS) W. H. Foyt, 207 W. Sprague St. Mo.

20. FILED 622 19 39 Henry Guier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 29 19 39, to June 18 19 39
I last saw h. live on June 18 19 39. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration 1/1/38
938

Other contributory causes of importance: _____

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? 7/6

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? 7/6
If so, specify Dr. H. Foyt, M.D. (Signed) Strafford Mo M. D.

938 (Address) Strafford Mo

Bill Green