

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

Do not use this space.

REC'D AUG 4 1939

25727

1. PLACE OF DEATH

County Holt Registration District No. 371
 Township Clay Primary Registration District No. 5517
 City Maitland (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 47
 St. _____ Ward _____

2. FULL NAME

670 Sherman Creech

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Gilliland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1864

7. AGE YEARS 74 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House trainer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & farmer
 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) Graham, Mo.

FATHER 13. NAME Bennet Creech

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER 15. MAIDEN NAME Nancy Davis

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

17. INFORMANT (ADDRESS) Mrs. Martha Toland

18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland, Mo. DATE July 3, 1939

19. UNDERTAKER (ADDRESS) Campbell Funeral Home

20. FILED 7-3-1939 Vern D. Stout Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1939 to July 1, 1939

last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

cardiac asthma
 Other contributory causes of importance: 4562

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. W. Lilly, D.O. M.D.
 (Address) Maitland, 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. 11,

District File No. 839-953

Date Filed AUG 3 1939

SEP 17 1939