

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

30473  
Do not use this space.

REC'D SEP 19 1939

**1. PLACE OF DEATH**

(a) County Wayne Registration District No. 65  
 (b) Township Sagan Primary Registration District No. 6192  
 or Patterson, Mo.  
 (c) City Patterson, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

**2. PRINT FULL NAME** Maude Pennington Croy

(a) Residence, No. Patterson, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 J. R. Croy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	63	9	27	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Slaughters  
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Matthew Moore  
 14. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

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

17. INFORMANT W. C. Croy  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cochran DATE Mar. 28, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED March 31, 1939 Miss T. M. Paek  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to March 23, 1939  
 I last saw her alive on 3/23/, 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:

circulatory failure

Date of onset

Other contributory causes of importance:

cerebral hemorrhage

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. S. Collins M. P., M. D.

(Address) Ordinament, 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.

THIS IS A PERMANENT RECORD

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**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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluffs

**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.**