

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

39423
 Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
 (b) Township..... Primary Registration District No. 3015
 or
 (c) City BOONVILLE (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 128

2. PRINT FULL NAME MRS LUELLA S. CRUM

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE CRUM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 14-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 15

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) Nov-1939 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUNCETON, MO.

13. NAME CORNELIUS SCOTT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MO.

15. MAIDEN NAME NANCY ANN TYLER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MO.

17. INFORMANT (ADDRESS) GEORGE CRUM BOONVILLE

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEM DATE DEC 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER-KOENIG BOONVILLE MO.

20. FILED 12-1 1939 Boonville Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Nov 29, 1939

I last saw him alive on Nov 27, 1939. Death is said to have occurred on the date stated above, at 8 p.m.
 The principal cause of death and related causes of importance were as follows:

Syphilis

Date of onset Unknown

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Other contributory causes of importance: General Arteriosclerosis Unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? laboratory & 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 _____
 (Signed) J.C. Fincher, M. D.
 (Address) Boonville, Mo.

WRITE CLEARLY, 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.

DEC 15 1939

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RECEIVED

District Health Officer No. 8,

District File Number

6/27/39

Date Filed

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 *James W. Stegner*

Licensed Embalmer No. *3786*

P. O. Address *Boonville, Va*

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.