

FILED FEB 12 1940

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

Do not use this space.

2530

1. PLACE OF DEATH
County Howard Registration District No. 279
Township _____ Primary Registration District No. 4223
City Glasgow (No. _____) St. _____ Ward _____

2. FULL NAME Maurie Morrison Cropp
(a) Residence, No. Drone St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 72 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female Negro</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Harry Cropp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1867</u>		
7. AGE	YEARS	MONTHS
<u>72</u>	<u>7</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Nov 1, 1939</u>		11. Total time (years) spent in this occupation <u>67</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo.</u>		
13. NAME <u>Joseph Morrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Margaret Koper Morrison</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo.</u>		
17. INFORMANT (ADDRESS) <u>Harry Cropp Glasgow Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo</u> DATE <u>Jan 9, 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Walker Audsley Glasgow Mo.</u>		
20. FILED <u>1-8</u> 19 <u>40</u> <u>W. B. Hatcher</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1940

22. I HEREBY CERTIFY That I attended deceased from 9-1, 1939, to 1-7, 1940
I last saw her alive on Jan 2, 1940. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset _____

Other contributory causes of importance:
Rheumatism

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) W. B. Hatcher, M. D.
(Address) Glasgow 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. 8,
District File Number *01/6/6*
Date Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 377

Primary Registration District No. 4223

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Howard

(b) City or town Blangon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hannie Morrison Craft

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or Negro

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 7 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 72 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

(19. (a) 8-21-40 (b) J. B. Kitcher (Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. B. Kitcher (M. D. or other) _____

Address Blangon _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

