

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X331

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.

FILED JAN 20 1949

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

Do not use this space.

43180

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3074
City Hannibal (No. St Elizabeth Hosp) St. _____ Ward _____

File No. _____
Registered No. 356

2. FULL NAME Mert Eugene Crum

(a) Residence, No. 1259 Broadway St. _____ Ward _____
(Usual place of abode) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie E. Crum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barry /
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Lucian Crum 9
14. BIRTHPLACE (CITY OR TOWN) Unknown /
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Crum
16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Jamie E. Crum
(ADDRESS) 1259 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Mt Olivet Cem. DATE 12/22/40

19. UNDERTAKER Harold Smith 4/9/49
(ADDRESS) 902 Broadway

20. FILED 12-21-40 H. C. Fisher
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1940, to Dec 20, 1940

I last saw him alive on Dec 20, 1940 Death is said to have occurred on the date stated above, at 7:40 A.M.

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

Coronary Thrombosis Date of onset 12-20-40

Other contributory causes of importance: 94 B

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) W. A. Ranney M. D.

(Address) Hannibal Mo

