

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2539

JAN 25 1941

1. PLACE OF DEATH

County GasconadeTownship ClayCity BlandRegistration District No. 4181Primary Registration District No. 302

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME David Edwin Crider(a) Residence, No. Bland

(Usual place of abode)

St. _____

Ward _____

(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)

widowed2

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMargaret Crider6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 16, 1877

7. AGE

63

YEARS

MONTHS

1

DAYS

21If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Auctioneer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bland,Mo.

FATHER

13. NAME

Dallas Crider14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bland,Mo.

MOTHER

15. MAIDEN NAME

Minerva Haynes16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bland,Mo.17. INFORMANT
(ADDRESS)Mrs. F. C. KinkeadBland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bland, Mo.DATE Jan. 9, 194119. UNDERTAKER
(ADDRESS)S. G. LickliderBelle, Mo. 273

20. FILED

1-20-1941Dr. Bunge

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from

11/131940, to1/71941I last saw him alive on 1/7, 1941. Death is saidto have occurred on the date stated above, at 8 p.m.

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

Lobar Pneumonia

Date of onset

1/6/41

Other contributory causes of importance:

Diabetic Mellitus1938

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) Dr. R. H. Schaubert(Address) Belle, Mo.

