

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

Do not use this space.

9618

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 64883.018

File No. ....  
Registered No. 36  
St. .... Ward)

**2. FULL NAME**

Laura S. Crumley

(a) Residence, No. 614 W Grandriver St., 3rd Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Oliver Crumley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1935

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) (STATE OR COUNTRY) Taswell County Illinois

13. NAME Daniel Plotner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caliopolease Ohio

15. MAIDEN NAME Hannah J. Strawsbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taswell County Illinois

17. INFORMANT (ADDRESS) Daniel Oliver Crumley Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3-15-1931

19. UNDERTAKER (ADDRESS) W. H. SIMS CLINTON MISSOURI

20. FILED 3/16 1931 Ed C. Taylor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1931

22. I HEREBY CERTIFY, That I attended deceased from March 3 1931, to Mar 12 1931  
I last saw her alive on March 10 1931 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: Pulmonary Tuberculosis (Date of onset)

Other contributory causes of importance:

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? If so, specify (Signed) J. R. Hampton, M. D. (Address)

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.

APR 9 1931

