

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.

MAY 25 1932

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

Do not use this space.

12347

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Eli Joseph Cryall
 (a) Residence, No. 560 E Lincoln St., 1 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 M 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 Elizabeth Cryall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>11</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Brown Co Wis

MOTHER FATHER 13. NAME Eli Mitchell Cryall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co NY

15. MAIDEN NAME Caryzade Doty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wishwash Wis

17. INFORMANT Mrs Elizabeth Cryall
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton DATE 4/29 1932

19. UNDERTAKER Spore & Son
(ADDRESS) Clinton Mo

20. FILED 4/29 1932 Ed C. Peeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That, I attended deceased from April 20, 1932, to April 28, 1932
 I last saw h. in alive on April 28, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Mar 1932
Uremia
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? 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) S. B. Hughes, M. D.
 (Address) Clinton, Mo.

