

MADE IN U.S.A. WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10210

1. PLACE OF DEATH

County Linn
Township Enterprise
City No.

Registration District No. 497
Primary Registration District No. 5673

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Creason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1847
7. AGE YEARS 85 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Davis County, Indiana

FATHER 13. NAME Burris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Pasthenas Burris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Joseph Creason, Purdin, Mo.

18. BURIAL, CREMATION, OR REMOVAL near Mt. Zion Cem. near DATE Mar. 8, 1933

19. UNDERTAKER (ADDRESS) C. A. Schöner, Purdin, Mo.

20. FILED 3/9, 1933 Mrs. Ethel Wipach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3, 1932, to 3/7, 1933

I last saw her alive on March 3, 1933. Death is said

to have occurred on the date stated above, at 7:12 a.m.

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

Myocarditis
Senile
Nephritis
Other contributory causes of importance: 7310

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) Dr. Daniel Rittenbarger, M. D.

(Address) Purdin

