

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH

County Adair
Township Hicksville
City Hicksville (No. 3001)

Registration District No. 4
Primary Registration District No. 3001

File No. 19265
Registered No. 88
St. Purdin Ward Mo

2. FULL NAME

(a) Residence, No.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Joseph Cresson

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

9-8-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

8

9

OCCUPATION

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

Housekeeper

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)

Linn Co. Mo.

13. NAME

J. D. Jenkins

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

Ohio

15. MAIDEN NAME

Sarah Bassadia

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

Ky.

17. INFORMANT (ADDRESS)

Joseph Cresson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Purdin

DATE

May 18

1937

19. UNDERTAKER (ADDRESS)

Doc Riley
Hicksville Mo.

20. FILED

May 17 1937
Spencer Trems
Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 May 1937

22. I HEREBY CERTIFY, That I attended deceased from

6 May 1937, to 18 May 1937

I last saw him alive on 17 May 1937. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Acute Pancreatitis Date of onset 11 days

Other contributory causes of importance:

Cholelithiasis

Name of operating physician

Date of May 6/37

What test confirmed diagnosis?

Op

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)

J. E. Smith, M. D.

(Address)

Hicksville Mo

