

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.

REC'D AUG 7 5 1938

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

Do not use this space.

25965

1. PLACE OF DEATH

67 County Monroe
Township Madison
City Madison (No. _____ St. _____ Ward _____)

Registration District No. _____
Primary Registration District No. 579

File No. _____
Registered No. _____

2. FULL NAME

Mariam Louise Crim 65

(a) Residence, No. Madison, Mo 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 <u>Fe</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. R. Crim</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19, 1881</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>8</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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)
Madison, Mo

MOTHER FATHER 13. NAME
Jucker Hayden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Madison, Mo

15. MAIDEN NAME
Sally Swindell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Madison, Mo

17. INFORMANT (ADDRESS)
Josephine Crim
Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Sunset Hill DATE 7-12 1938

19. UNDERTAKER (ADDRESS)
Lupton
Madison, Mo

20. FILED July 13 1938 Mrs. Flora Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1936, to July 10 1938
I last saw her alive on July 10 1938. Death is said to have occurred on the date stated above, at 8:45 PM.
The principal cause of death and related causes of importance were as follows:

acute dilatation of heart
Cornay emulsion
HTA
Other contributory causes of importance:
Hypertension years

Date of onset
7-10-38
6:30-38

Name of operation _____ Date of _____
What test confirmed diagnosis? Final as 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. H. Russell D.O. M. D.
(Address) Madison, Mo.

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927