

Dr. P. Riles, DeKalb, Mo.

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

Do not use this space.

28669

REC'D SEP 8 1939

1. PLACE OF DEATH

County BUCHANAN Registration District No. 81
Township BLOOMINGTON Primary Registration District No. 5/22
City DEKALB (No. _____, St. _____ Ward _____)

2. FULL NAME CHARLES C. CROCKETT

(a) Residence, No. DEKALB St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 9, 1937
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 8 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) DEKALB
(STATE OR COUNTRY) MISSOURI

13. NAME RAYMOND CROCKETT

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

15. MAIDEN NAME CATHERINE STAGNER

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

17. INFORMANT RAYMOND CROCKETT
(ADDRESS) DEKALB, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE TURNER CEMETERY DATE AUG 14 1939

19. UNDERTAKER William Stanton
(ADDRESS) ATCHISON, KANSAS

20. FILED Aug 11 1939 Chilavice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Aug. 9, 1939
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

Accidental Death
(DROWNING)
Other contributory causes of importance: 1938
19

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ACCIDENT Date of injury _____, 19____
Where did injury occur? DEKALB, MO.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
AT HOME
Manner of injury DROWNING
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Dr. Benjamin M. Riles, M. D.
918 (Address) De Kalb, Mo.

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.

RECEIVED

District Health Officer

District File Number 939-1116

Date Filed SEP 5 1939