

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

Do not use this space.

13121

**1. PLACE OF DEATH**

County Jackson Registration District No. 396  
 Township Barre Primary Registration District No. 4232  
 City Blue Springs, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George W. Crump  
 (a) Residence. No. Kansas City, Mo. Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3 19 28

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mona Crump

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to April 3, 1928 that I last saw him alive on March 3, 1928 and that death occurred, on the date stated above, at 11:25 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1861

7. AGE: YEARS 66 MONTHS 9 DAYS 17 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic nephritis (Bright's)  
gout

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work P.C. Public  
 (b) General nature of industry, business, or establishment in which employed (or employer) Sevier Co.  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTOR (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
Abdominal Tumor & malignant (?) (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

9. BIRTHPLACE (CITY OR TOWN) Centralia (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED At place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Benj Crump

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centralia Mo. DATE OF BURIAL Apr. 6 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS Kansas City Mo.

WHAT TEST CONFIRMED DIAGNOSIS? Physian's Laboratory

(Signed) W. G. Ross, M. D. (Address) Blue Springs Mo.

\*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Virgil Lee Crump (Address) Indp. Mo.

15. FILED 4/2 28 F. W. Pritch REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly tabulated. Exact statement of...

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**1. PLACE OF DEATH**

County Jackson  
Township  
City Blue Springs

Registration District No. 395-

Primary Registration District No. 4232

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

George W. Crump

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 6/15/28 F.W. Tuttle REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... (that I last saw h. alive on ..... 19....., and that death occurred, on the date stated above, at .....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis (Bright's)  
Abdominal tumor  
malignant, origin unknown

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH. DATE OF  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS Physical  
(Signed) ..... M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

