

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

Do not use this space.

39374

1. PLACE OF DEATH

County Boone

Registration District No. 47

Township Grandview

Primary Registration District No. 5088

City Clinton (No. ....)

File No. ....

Registered No. 39

St. .... Ward)

2. FULL NAME

Grace Ellen Crestine

(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 6 yrs. 9 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

Wm Crestine

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

July 14, 1887

7. AGE

YEARS MONTHS DAYS  
41 | 5 |

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(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)

Purdy Mo, Berry County

10. NAME OF FATHER

W. Simpson

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

Dallas Ky.

12. MAIDEN NAME OF MOTHER

Sara Maffnet

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

Dallas Ky.

14. INFORMANT (Address)

W. H. Burton Archie Mo.

15. FILED

12-15-28 D. H. W. Jewette REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 12 1928, to Dec 14 1928 that I last saw her alive on Dec 12 1928 and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Discrepancy  
23A

CONTRIBUTOR (SECONDARY)

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?

(Signed) Edgar M. Griffith M. D.  
, 19 (Address) Crestline Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Crescent Hill  
Fred Hanley

DATE OF BURIAL

Dec 16 1928  
ADDRESS Adrian Mo.

20. UNDERTAKER

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.

