

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 20 1929  
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.

*Pruessel*

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

Do not use this space.

5004

1. PLACE OF DEATH

County *semit* Registration District No. *821* File No. *25*  
Township *Rickland* Primary Registration District No. *6670* Registered No. ....  
City *Sikeston* (No. ....) St. .... Ward)

2. FULL NAME *Hattie Mae Froudale*

(a) Residence. No. .... St. .... Ward. .... (If nonresident give city or town and State)  
(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*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 1881*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*47 9 27*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housework*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Miss Co*  
(STATE OR COUNTRY) *mo*

10. NAME OF FATHER *Chas H Crumhart*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Miss Co*  
(STATE OR COUNTRY) *mo*

12. MAIDEN NAME OF MOTHER *Rodie C Boyt*

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

14. INFORMANT *F. F. Froudale*  
(Address) *Sikeston mo*

15. FILED *3/10/29* *Walter Edwards*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 22 19 29*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 17 1929*, to *Jan 22 1929*, and that I last saw her... alive on *Jan 22 1929*, and that death occurred, on the date stated above, at *2:50 P. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Lobar Pneumonia*  
*IIA*  
*108* (duration) yrs. mos. ds.

CONTRIBUTORY *Influenza*  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF...  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *Chas Froudale*, M. D.  
*Sikeston mo* (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Oak Grove* DATE OF BURIAL *1/24 19 29*

20. UNDERTAKER *Walter Edwards* ADDRESS *Sikeston mo*

