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JAN 21 1930

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

Do not use this space.

34232-a

1. PLACE OF DEATH
County Laclede — Registration District No. 448 — File No.
~~Township~~ Conway — Primary Registration District No. 5608 — Registered No.
City 7 (No. 4266 St. Ward)

2. FULL NAME Laura ~~Cronkhite~~ Cronkhite

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1855.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	11	8	

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) N.Y. State
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Stace Cronkhite
(Address) Nevada Mo

15. FILED Jan 10, 1930 N. B. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-25-, 1929, to 10-20-, 1929 that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at about 6 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart (Chronic Valvular)
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. C. Burage, M.D.
10-20, 1929 (Address) Conway 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 Baptist Cemetery — DATE OF BURIAL 10/23 1929

20. UNDERTAKER W. E. Holman — ADDRESS Conway 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.

WRITE PLAINLY, WITH UNFADING INK

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