

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

Do not use this space.

12172

1. PLACE OF DEATH
County St. Louis Registration District No. 209
Township St. Louis Primary Registration District No. 332
City St. Louis (No.) St. (Word)

2. FULL NAME Isabella Mary Crumley
(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 12 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph A. Crumley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 23
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) Macoupin Co., Ill.

10. NAME OF FATHER Daniel Wise Hogan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
12. MAIDEN NAME OF MOTHER Aminda Jane Hogan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill. Sangamon Co.

14. INFORMANT Fred Trables
(Address) Camity Mo

15. FILED 730, 1930. J. D. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30th 1930
17. I HEREBY CERTIFY, That I attended deceased from 2:05 April, 1930, to death, 1930, that I last saw him alive on April 30th, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation
95B 7 heart
Short time (duration) yrs. mos. da.
CONTRIBUTORY Hard work and (SECONDARY) compulsion (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at her home
IF NOT AT PLACE OF DEATH
19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) J. M. Brown, M. D.
, 19 (Address) Wayville 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 St. Ann's DATE OF BURIAL 5/5 1930

20. UNDERTAKER St. Ann's ADDRESS Wayville

WRITE PLAINLY IN INK... THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. It 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.

MAY 23 1930

