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

Do not use this space.

25135

1. PLACE OF DEATH

County ..... Registration District No. 78 1005

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. St. Johns Hospital St. ..... Ward)

File No. ..... Registered No. 7340

2. FULL NAME William Fiedreck Crider

(a) Residence. No. ..... St., 12 Ward. ~~[illegible]~~ Union Mo
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26; 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Jefferson Crider

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Viola Crider
(Address) Union Missouri

15. FILED JUL 22, 19 [illegible] Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1930, to July 22, 1930, that I last saw him alive on July 21, 1930, and that death occurred, on the date stated above, at 5.45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute abscess of pancreas
128
127B (duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) chronic cholecystitis
(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Union, Missouri

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 28, 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical + pathological

(Signed) William H. Norton, M. D.

July 22, 1930 (Address) 1222 Missouri Theatre Bldg

*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	DATE OF BURIAL
Union Missouri	7/24/30
20. UNDERTAKER	**ADDRESS**
Union Und. Co	Uninn 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.