

DEC 22 1930

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

Do not use this space.

36959

File No. _____
Registered No. 1501
St. _____ Ward)

1. PLACE OF DEATH

County Ray
Township Little Prairie
City Cynthiana (No. _____)

Registration District No. 661
Primary Registration District No. 5-862

2. FULL NAME

Wm. G. Crockett

(a) Residence No. R. F. #1 St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 7 3 19 30

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

17. I HEREBY CERTIFY, That I attended deceased from 9-10- 1929, to 11-28- 1930 that I last saw him alive on 11-28 1930 and that death occurred, on the date stated above, at 8 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-27-1903

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 11 23

Pellagra T. B.
23-A (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Benton Co. Tenn.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Thomas J. Collins, M. D.

Dec. 9, 1930 (Address) Cynthiana 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.

10. NAME OF FATHER W. E. Crockett

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

12. MAIDEN NAME OF MOTHER Barbara Harrington

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

14. INFORMANT W. E. Crockett
(Address) R #1, Cynthiana, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Prairie Cemetery DATE OF BURIAL 11-24 19 30

15. FILED Dec. 9, 19 30 Cida Martin REGISTRAR

20. UNDERTAKER J. L. La Forge ADDRESS Cynthiana Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

