

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

Do not use this space.

38772

DEC 20 1930

1. PLACE OF DEATH

County Cape Girardeau
Township Poplar Creek
City (No.)

Registration District No. 1152
Primary Registration District No. 5176

File No. 12
Registered No.
St. Ward)

2. FULL NAME

George Frederick Crites

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Barbara Helen Crites

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 24

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Freedom Mo.

10. NAME OF FATHER Daniel Crites

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

12. MAIDEN NAME OF MOTHER Colly Barkis

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

14. INFORMANT Mr. Geo. J. Starks
(Address) Fredericks Mo. P.F.A.I

15. FILED 10/30, 19. W.H. Law REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930 to Dec 30, 1930, that I last saw him alive on Dec 1st, 1930, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
Gastritis, & Enteritis
106 B
106 B (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw. Crites, M. D.
, 19 (Address) Sedgewickville 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 Fredericks Mo. DATE OF BURIAL Dec. 4 1930

20. UNDERTAKER McWomb's Undertak'g ADDRESS Jackson Mo.

K. E. ... information should be carefully supplied. Exact statement of OCCUPATION is very important.

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