

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

51

25 1931

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

Do not fill in this space

1. PLACE OF DEATH
County Johnson. Registration District No. 431 File No. 1859
Township Warrensburg. Primary Registration District No. 5388 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Julia Carolina Crukse.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Crukse.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1858.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 11 8
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House keeper.
(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) Overton, Co. Tenn.

PARENTS
10. NAME OF FATHER Geo. Washington Shepherd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Overton Co. Tenn.
12. MAIDEN NAME OF MOTHER Elizabeth Taylor.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Overton Co. Tenn.

14. INFORMANT J. O. Morgan. (Address) Warrensburg. Mo.

15. Jan 20, 1931 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8, 1931
17. I HEREBY CERTIFY That I attended deceased from Jan 1 to Jan 8 1931 that I last saw h. _____ alive on Jan 8 at 12:35 P. and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia

107A

107A

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Smear
(Signed) [Signature], M. D.
Jan 10 1931 (Address) Warrensburg 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 Liberty Cemetery. DATE OF BURIAL Jan. 10 1931.

20. UNDERTAKER S. R. Sweeney ADDRESS Warrensburg Mo.

