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

Do not use this space.

File No. 13213

Registered No. 379

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Lillie Gay Crumpacker,

(a) Residence. No. 3517 St. Joseph Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H. Crumpacker,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1868,

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	0	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeKalb, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Willis C. Frakes,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pine Grove, (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Susan Allison,

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

14. INFORMANT Mrs Augusta M. Frakes (Address) 3517 St. Joseph Avenue,

15. FILED 4-7-31, 19 John R. Bender M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 27/31, 19..., to Apr 7, 1931, that I last saw h. alive on Apr 7, 1931, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis due to infected gall bladder

27 (B)

(duration) ... yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Undetected malignancy

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 26/31 Infected Gall bladder

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Typical Examination

(Signed) J. J. Moore M.D.

4/7, 1931 (Address) 825 Charles.

*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
DeKalb, Mo. via auto	April 9, 1931.
20. UNDERTAKER	**ADDRESS**
Hendon Bros & H. Bowman	319 S. 10 St.

Funeral Home

J. H. Thompson

4/18/[illegible]