

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

Do not use this space.

30490

1. PLACE OF DEATH

County Camden Registration District No. 10
Township Little Prairie Primary Registration District No. 5-6-1
City Hardell (No. _____) St. _____ Ward _____

2. FULL NAME Sarah J. Cressy

(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 <u>7 M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-3-1919</u>		
7. AGE YEARS <u>14</u>	MONTHS <u>4</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Girl</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>-</u>		11. Total time (years) spent in this occupation <u>-</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1933, to 9-16 1933
I last saw him alive on 9-16 1933 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Perniciious Malaria Date of onset 9-13-33
30
38
Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) Hardell
(STATE OR COUNTRY) Mo

FATHER
13. NAME Clyde Cressy
14. BIRTHPLACE (CITY OR TOWN) D.H.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Orley Penroid
16. BIRTHPLACE (CITY OR TOWN) D.H.
(STATE OR COUNTRY)

17. INFORMANT R. L. Cheek
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardell DATE 9-17-1933

19. UNDERTAKER Opal Wells
(ADDRESS)

20. FILED 9-16-1933 Opal Wells
Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Chills Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify _____
(Signed) St. H. Denton M. D.
(Address) Hardell Mo.

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.

9-16-33

MARGIN RESERVED FOR BINDING

U. S. NO. 2

Report Book

Continuation of

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