

MAR 24 1934

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

Do not use this space.

7505

## 1. PLACE OF DEATH

105 County Sullivan  
Township Courman  
City Humphreys (No. ....) St. .... Ward .....

Registration District No. 851  
Primary Registration District No. 619B

File No. ....  
Registered No. 10  
St. .... Ward .....

2. FULL NAME Mrs. Minnie Crump

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## 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 Ira. Crump

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills13. NAME Mrs. Pierce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Ardenia Ward16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Ira Crump (ADDRESS) Humphreys Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Humphreys Cem. DATE Feb 21 193419. UNDERTAKER W. E. Bourne (ADDRESS) Halt mo20. FILED Feb 21st 1934 Cordelia Shores Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 193422. I HEREBY CERTIFY, That I attended deceased from Mrs. 30 1932, to Feb 20 1934I last saw him alive on Feb 19 1934. Death is saidto have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

131131

Other contributory causes of importance

Name of operation Only Taping Date of .....What test confirmed diagnosis? Exh. 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) W. E. Bourne, M. D.(Address) Halt mo

Registrar.

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.

