

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

Do not use this space.

23223

**1. PLACE OF DEATH**

County Boone  
Township Beder  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 76  
Primary Registration District No. 5710 B3

File No. 9  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth M. Crump

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Granville Crump</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7-1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14, 1924

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1934, 19\_\_\_\_  
I last saw her alive on 14th July, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:  
ance of descending aorta

Other contributory causes of importance:  
410

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

FATHER

13. NAME Jame Rippert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

MOTHER

15. MAIDEN NAME Sarah Jane Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

17. INFORMANT (ADDRESS)  
Granville Crump  
Hartshorn Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Goshen DATE 7-15, 1924

19. UNDERTAKER (ADDRESS)  
Ashland Undertaker  
Ashland

20. FILED. 876, 1934 W. H. Pringer Registrar.

(Name of operation \_\_\_\_\_ Date of \_\_\_\_\_)

What test confirmed diagnosis? Syphilis 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? No  
If so, specify \_\_\_\_\_  
(Signed) G. P. Meigs, M. D.  
(Address) Hartshorn Ave

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.

1935 18

23223

1944

The following is a list of the names of the persons who were present at the meeting held on the 15th day of June, 1944, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, is the author of the foregoing list.

J. Edgar Hoover  
 Director