

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

Do not use this space.

SEP 11 1934

1. PLACE OF DEATH

County Audrain
Township Saltville
City (No.) (No.)

Registration District No. 26
Primary Registration District No. 5034

File No. 28218
Registered No. 108
St. Ward

2. FULL NAME

Robert L. Crum

(a) Residence, No. R-5-Midway 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 Male 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 Gertrude Crum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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 9 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo

MOTHER FATHER 13. NAME Pete Crum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosche Mo

15. MAIDEN NAME Mary Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo

17. INFORMANT (ADDRESS) Margaret Crum Midway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Lodge DATE 8-12 1934

19. UNDERTAKER (ADDRESS) H. D. Healy & Son Midway Mo

20. FILED 8-12 1934 Blanche Healy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 1 P.m.

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

Coroner's Case.
Died of natural causes.
Probably heart block

Other contributory causes of importance:

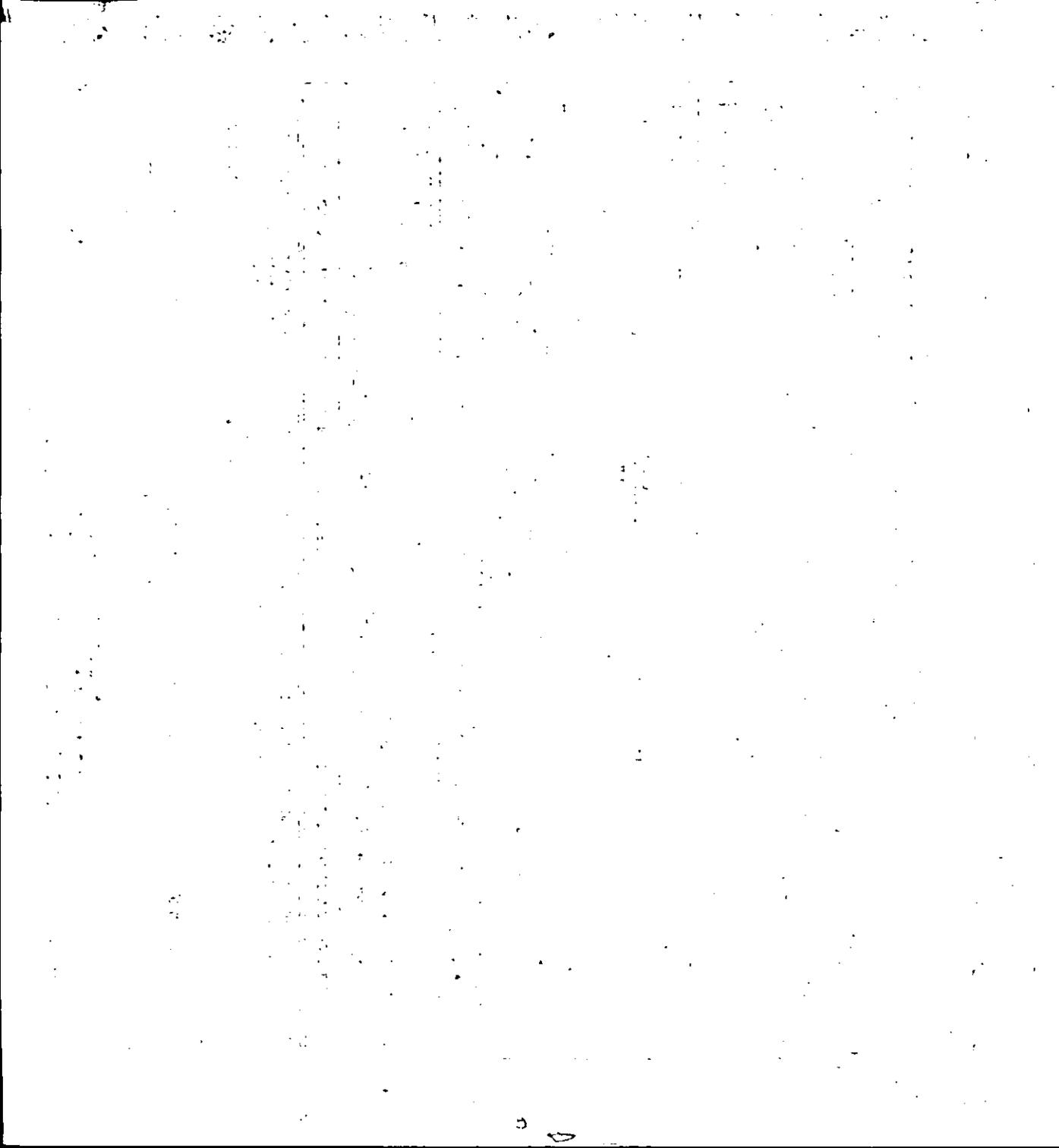
Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

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? N.C. If so, specify (Signed) W. K. McCall Coroner Audrain Co. Mo. (Address) Ladson Mo.

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.



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert L. Cream
Who died at _____ on Aug. 11-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 48 Months 6 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Probably heart block
Birthplace of father (State or country) Yes there was an inquest
Birthplace of mother (State or country) Meridian, Miss of natural
Principal cause of death: causes probably heart block
no autopsy

Other contributory causes of importance W.K. McCall coroner of Andromed Co.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ 200

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Blanche Neely Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 26
Primary Reg. Dist. No. 5634
Very truly yours,
E. T. McLaughlin
Special Agent.

5-282-18

5-282-18