

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Bughrum Registration District No. 81
Township Bloomington Primary Registration District No. 5122
City De Kalb (No.)

File No. 35232
Registered No. St. Ward

2. FULL NAME Infant Crockett

(a) Residence, No. De Kalb, Mo 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>Boy</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12 1934</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>✓</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)		11. Total time (years) spent in this occupation
<u> </u>		<u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near De Kalb Mo</u>		
MOTHER	13. NAME <u>Oscar Crockett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unionville Mo</u>	
	15. MAIDEN NAME <u>Nellie Steggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Raymond Mo</u>	
17. INFORMANT <u>Oscar Crockett</u> (ADDRESS) <u>De Kalb, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turner Cem.</u> DATE <u>10/13-1934</u>		
19. UNDERTAKER <u>F. H. Fidenfaben</u> (ADDRESS) <u>602 So. 10th St.</u>		
20. FILED <u>Oct 12 1934</u> <u>W. M. Adoue</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1934,
I last saw him alive at birth, 19 . Death is said to have occurred on the date stated above, at 110 m.

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

Premature Date of onset

Other contributory causes of importance: 159

(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? no

If so, specify

(Signed) J. W. McAdoue, M. D.

(Address) De Kalb, 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.

