JAN 9 1935

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No. 44214
Township St. Francois — Primary Registration District No. 6018A — Registered No. 167
~~City~~ Near Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Oda Crites
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 48 | ? | ? | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge Mo DATE 12-15 1934

19. UNDERTAKER (ADDRESS) Cedar St with Jackson Mo

20. FILED Dec 14 1934 B. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1933 to 12-13, 1934
I last saw him alive on 12-12, 1934. Death is said to have occurred on the date stated above, at 4 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mental Deficiency (with Chronic Exhaustion) | |
| 84 | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clin. & Lab. 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Dr. G. Tivis Graves, Jr.
(Signed) ..... M. D.
(Address) Farmington Mo