

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

Do not use this space.

31551

**1. PLACE OF DEATH**

County Linn Registration District No. 470  
 Township Lawrence Primary Registration District No. 5-6-33  
 City Malden (No. 470) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 99

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ Malden St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1910

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 3 13

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

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) Malden, Mo.

13. NAME Roy Crank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden, Mo.

15. MAIDEN NAME Lena Goodwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden, Mo.

17. INFORMANT \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

18. BURIAL OR REMOVAL PLACE \_\_\_\_\_ (ADDRESS) \_\_\_\_\_

19. UNDERTAKER Wassett Funeral Home (ADDRESS) int. Vernon Mo

20. FILED Aug 27 19 19 O. A. Holmes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-36 19 19

22. I HEREBY CERTIFY, That I attended deceased from 8-30-34, 19 \_\_\_\_\_, to 8-26-36, 19 \_\_\_\_\_

I last saw him alive on 8-26-36, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 7:45 m. P.

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

Chronic Indolence Date of onset \_\_\_\_\_

23 3/34

Other contributory causes of importance: Insect on Entrance

Accompanying

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) Chas. J. McCreary M. D.

(Address) Malden, 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.

