

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.

DEC 20 1936

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

Do not use this space.

41712

## 1. PLACE OF DEATH

County Johnson  
Township Centerview  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 431  
Primary Registration District No. 5589

File No. \_\_\_\_\_  
Registered No. 145  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-21-1872</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centerview Mo.</u>		
FATHER	13. NAME <u>Adam Crumpacker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Mary C. Painter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Snyder, Nevada, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centerview, Mo.</u> DATE <u>Nov. 29, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips, Warrensburg, Mo.</u>		
20. FILED <u>Nov. 28, 1936</u> <u>Erna Bentley</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 27, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sudden</u> , 19____, to _____, 19____.
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>9 A.</u> m.
The principal cause of death and related causes of importance were as follows: <u>Accident</u> <u>fall from a tree</u> <u>skull fractured.</u>
Other contributory causes of importance: <u>1936</u>
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? <u>accident</u> Date of injury <u>Nov 27, 1936</u> Where did injury occur? <u>Centerview, Twp. Johnson Co. Mo.</u> (Specify city or town, county, and State) <u>Mo.</u> Specify whether injury occurred in industry, in home, or in public place. <u>at home</u> Manner of injury <u>fall from a tree</u> Nature of injury <u>Skull Fractured.</u>
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>D. L. Bradley</u> , M. D. (Address) <u>Warrensburg, Mo.</u>

