

FEB 17 1937

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

Do not use this space.

1118

1. PLACE OF DEATH

County Hawell Registration District No. 383
 Township Goldsberry Primary Registration District No. 5534
 City Mountain View Mo (No.) St. Ward

File No. Registered No.

2. FULL NAME

Charles H. Cromwell
 (a) Residence, No. Mountain View 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 3 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>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 - 1884</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>52</u> <u>1</u> <u>22</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Iowa</u>		
13. NAME <u>Fredena Cromwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mairie</u>		
15. MAIDEN NAME <u>Sophia Hood</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>		
17. INFORMANT (ADDRESS) <u>Agnes Cromwell</u> <u>Mountain View Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mountain View Mo</u> DATE <u>Jan 19 1937</u>		
19. UNDERTAKER (ADDRESS) <u>John F. Robson</u> <u>Mountain View Mo</u>		
20. FILED <u>2-8</u> 1937 <u>H. W. Wingham</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY That I attended deceased from May 1936 to 1-27 1937
 I last saw him alive on 12-20 1926 Death is said to have occurred on the date stated above, at 9 A m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Influenza
 Date of onset

Other contributory causes of importance

Name of operation Physician 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?
 If so, specify
 (Signed) C. R. Terrill, M. D.
 (Address) Mountain View Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

