APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

69 County Monroe — Registration District No. 582 — File No. 12709

4 Township — Primary Registration District No. 4344 — Registered No. 12

City Paris, Missouri (No. ..... St. ..... Ward)

2. FULL NAME ELIZABETH BLANCHE CRUMP

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HENRY CRUMP

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 20, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT HOME
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): N. CAROLINA.

FATHER

13. NAME: ROBT. BIBB.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

MOTHER

15. MAIDEN NAME: N. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

17. INFORMANT (ADDRESS): Mrs. Ray Stockton, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill DATE: 3/4 1937

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Missouri

20. FILED: MAR 3 1937 H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAR 3 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Mar 3, 1937
I last saw her alive on Mar 3, 1937. Death is said to have occurred on the date stated above, at 4:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Carditis	N.K.
131	
Other contributory causes of importance:	
Chronic Nephritis	N.K.

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) Geo M. Ragsdale, M. D.
(Address) Paris, Missouri

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.