JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cape
Township ~~Cape~~
City Cape Girardeau Mo. (No. 1100 Rear S. Ellis St. Ward)

Registration District No. 125
Primary Registration District No. 3009

File No. 44942
Registered No. 390

2. FULL NAME John M. Crites
(a) Residence, No. 1100 Rear So. Ellis St. St., Ward.
(Usual place of abode) (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: Male
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 Jane Strong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1877

7. AGE: 60 YEARS, MONTHS: 11, DAYS: 3. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Daisy Mo.

FATHER
13. NAME Henry Crites
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy Mo.

MOTHER
15. MAIDEN NAME Sarah Statler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Tom Crites Green Briar[illegible]au Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cem. DATE 12/7/ 1937

19. UNDERTAKER (ADDRESS) Haman Funeral Home Cape Girardeau Mo.

20. FILED 12-6 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 6, 1937
I last saw him alive on Dec 5, 1937. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	[illegible]
Other contributory causes of importance:	
[illegible] (incipient)	[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Shelton Doggett, M. D.
(Address) [illegible]

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.

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