

REC'D JUN 15 1938

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

Do not use this space.

18477

1. PLACE OF DEATH

County Jackson
Township Fort Cass
City (Name) _____ (No. _____) _____ (Ward)

Registration District No. 396
Primary Registration District No. 5552

File No. _____
Registered No. _____
City _____ (No. _____) _____ (Ward)

2. FULL NAME Mrs. C. EMERINE CROOK

(a) Residence. No. West of Buckner 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 27 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Reuben Crook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1854

7. AGE YEARS 83 MONTHS 10 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED House keeper her home
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jamestown, Tenn (STATE OR COUNTRY)

10. NAME OF FATHER Pleasant Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sally Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known (STATE OR COUNTRY)

14. INFORMANT Mr. Clem Crook. (Address) Ind. Mo. RR No. 1.

15. FILED May 3, 1938 John W. Robertson REGISTRAR
358

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1938 19

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1938, to April 29, 1938, that I last saw her alive on April 29, 1938, and that death occurred, on the date stated above, at 11:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

CONTRIBUTORY (SECONDARY) X
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____ X

DID AN OPERATION PRECEDE DEATH. No. DATE OF _____ X

WAS THERE AN AUTOPSY? No

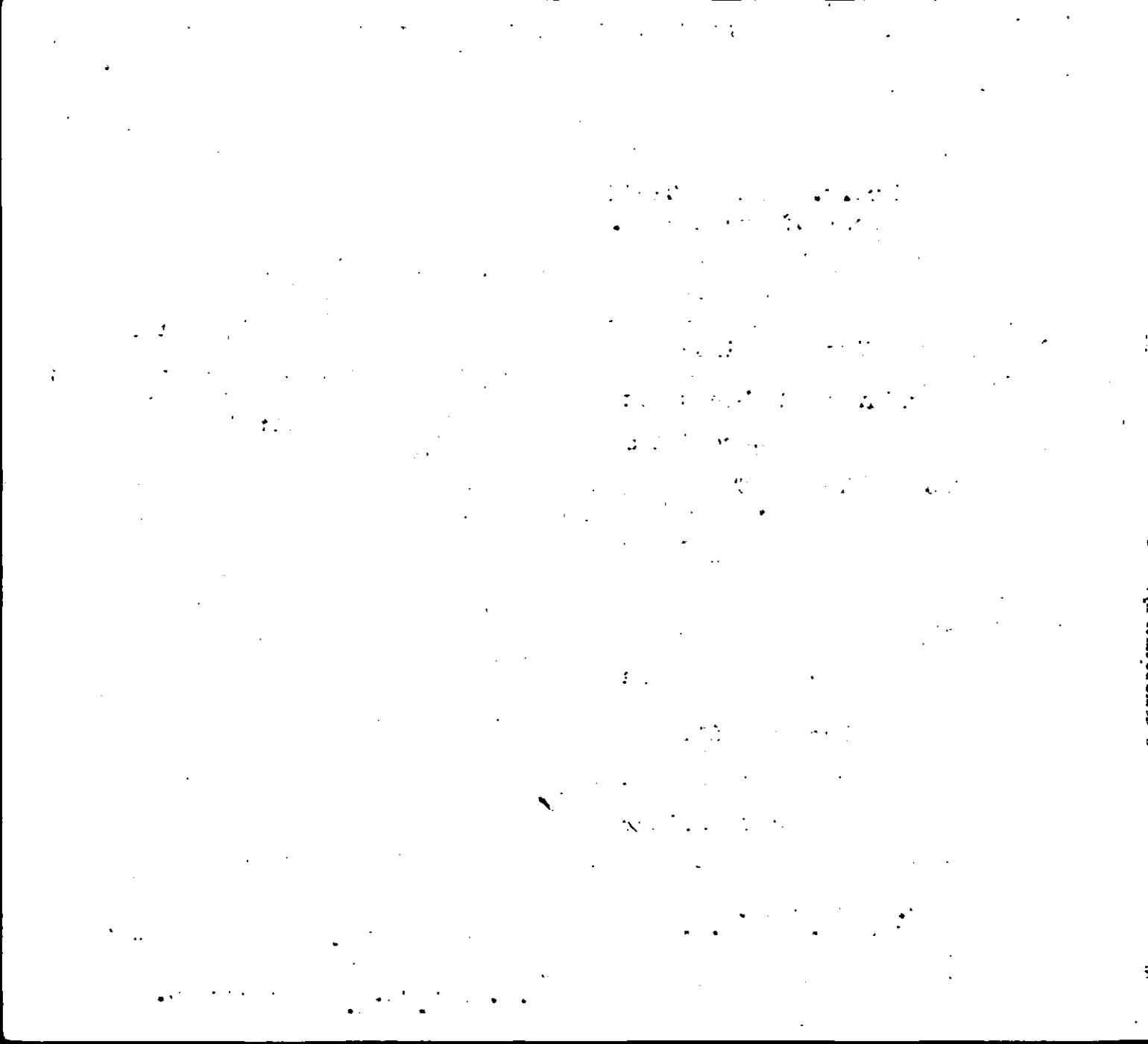
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John W. Robertson, M. D.
, 19 (Address) Buckner Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carrolton Mo. DATE OF BURIAL May 4/38,

20. UNDERTAKER V.M. Reppert ADDRESS Buckner Mo.
No. 2321.

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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18477
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 396
 (b) Township Fort Leage Primary Registration District No. 5552 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs. E. Emerine Crook St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>10</u>	<u>27</u>	

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

9. Industry or business in which work was done, as 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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Apr 26 1938 John W Robertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1938

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:

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?.....
 If so, specify John W Robertson, M. D.
 (Signed) Emerine Crook
 (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B. - Every return of info. must contain the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

