REC'D MAR 20 1939

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

7084
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 502
(b) Township — Primary Registration District No. 4305 — Registered No. 7
(c) City Marceline (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Hettie B Crabbs
(a) Residence, No. 612 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: A. P. Crabbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9 1865

7. AGE: YEARS 73 | MONTHS 8 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: at Home.
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): Geneseo Ill

FATHER
13. NAME: Wm Bollen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sophronia Wirth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Geneseo Ill

17. INFORMANT (ADDRESS): Sadie A. Bollen Des Moines, Ia.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Feb-14-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jas M Laughlin Marceline Mo

20. FILED 2-14-1939 Oliver L Barrett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-12-1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to Feb 12, 1939
Last saw h. E.Y. alive on Feb 12 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	Dec 1937
Bronchopneumonia	Jan 39
Other contributory causes of importance:	
Essential hypertension	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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? No
If so, specify .....
(Signed) G B Pulman, M. D.
(Address) Marceline Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-314
Date Filed MAR 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Blanche M. Laughlin, or by Dale Bunch

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.