

55 JUL 11 1939

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

21697
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 171
 (c) City Fulton (d) Street No. State Hospital # 2 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME OSIA CROTT S
 (a) Residence, No. RR # 1 TRIPLETT, MO St. (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 THOMAS CROTT S
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
50 - 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whiterock MO

FATHER
 13. NAME John M Wilson

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

MOTHER
 15. MAIDEN NAME LDA Schoonover

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mendon, Mo DATE June 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. S. Wallace
Fulton, Mo.

20. FILED June 30, 1939 R. H. Creve
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from MAY 4, 1939, to JUNE 30, 1939
 I last saw h. alive on June 29, 1939 Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Principal cause of death: Bronchopneumonia
 Other contributory causes of importance: Idiopathic Epilepsy indef
 Date of onset: 10 AM

Name of operation: _____ Date of: _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Geo. J. Wood, M. D.
 (Address) State Hosp. # 1 Fulton 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X 18805

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, or by.....

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

Signed Harold J. Christey
Licensed Embalmer No. 48020
P. O. Address Dutton, Me.

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

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