

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

36574
Do not use this space.

1. PLACE OF DEATH
 (a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 3026 Registered No. 125
 (c) City Chillicothe (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Martha E. Crookshank
 (a) Residence, No. 114- Vine 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 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 F. Crookshank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.-31-1864

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
75	8	4	

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

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) Indiana

FATHER

13. NAME Joseph H. Cawood

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Orrin Crookshank
(ADDRESS) Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood Cem. DATE Oct. 7-1899

19. FUNERAL DIRECTOR (NAME) James D. Gordon
(ADDRESS) Chillicothe Mo.

20. FILED 10-7-1939 H. M. Mason, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1938

I HEREBY CERTIFY, That I attended deceased from Did not attend her, 19____

I last saw her alive on 3 years ago, 19____. Death is said to have occurred on the date stated above, at _____ a.m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris
1 year ago - 1938
44 W

Other contributory causes of importance:
Reviewed body Oct 5-1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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) Amgrace (Coroner) M. D.
 (Address) Chillicothe, 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 X16963

DIS. 1139-1576
Licenses No. 91,

District File No. 1139-1576

Date Filed NOV-13-1939

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed James D. Gordon
Licensed Embalmer No. 1870

P. O. Address Chillicothe, Mo

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.