

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

Do not use this space.

10360

APR 26 1935

1. PLACE OF DEATH St Francis
 County St Francis Registration District No. 774
 Township Esther Primary Registration District No. 601813
 City Esther (No.) St. Ward)

2. FULL NAME Jannie Crump
 (a) Residence. No. 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.

File No. 181
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>21</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St Francis Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Newton Ritter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Perale Durham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Joseph Crump
 (Address) Esther Mo

15. 3/26 1935 B. Barrar
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1935, to Mar 21, 1935
 that I last saw him alive on Mar 20, 1935, and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chorea meningitica
arterio sclerosis 92

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS Exam
 (Signed) C. H. Appleberry, M. D.
 , 19 (Address) Flour River 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 Pleasant Hill Mo DATE OF BURIAL 3-22 1935

20. UNDERTAKER Joe Weimer ADDRESS Flour River

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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