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

Do not use this space.

33442

File No.

Registered No. 6-55

1. PLACE OF DEATH
County Washington Registration District No. 887
Township Union Primary Registration District No. 6182
City (No. , St. Ward)

2. FULL NAME Edward 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.

NOV 28 1931

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	6	3	

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

9. BIRTHPLACE (CITY OR TOWN) Boone Ferry
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Thos. Crump.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Ferry
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Sarah Armond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Ferry
(STATE OR COUNTRY) Mo.

14. INFORMANT Evan Crump
(Address) Detroit, Mich.

15. FILED 11-1, 1931 Jos. L. Thurman.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1931

17. I HEREBY CERTIFY, That I attended deceased from
No Physician, 19 , to , 19
that I last saw h alive on , 19 , and that
death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound of head
173 Instantaneous
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Homicidal.
Verdict of Coroners Jury.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Jos. L. Thurman, M. D.
, 19 (Address) Potosi, 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	DATE OF BURIAL
Boone Ferry, Mo.	9-13 1931
20. UNDERTAKER	ADDRESS
Sparks & Sparks	Potosi.