

MAR 2 1933

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

Do not use this space.

2407

1. PLACE OF DEATH

68 County Monticene
Township Hoback
City (No)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

Laura Crum

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas G Crum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>24</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	9. Industry or business in which work was done, as silk mill, 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)
Monticene Co

13. NAME
Jauuro Hoback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
West Virginia

15. MAIDEN NAME
Elizabeth Longue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Monticene Co

17. INFORMANT (ADDRESS)
J. C. Holgek
Jauirstown mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Salene Church DATE 1/6 1932

19. UNDERTAKER (ADDRESS)
Billhauser & Friedmeyer
California mo

20. FILED Jan 5 1932 J. M. Keith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 - 27 - 1932, to 1 - 4 - 1933
I last saw him alive on 1 - 4 - 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Robert Pneumonia Date of onset 12-27-32
118
108
1100
Other contributory causes of importance:
"flu"

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

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) H. R. Popejay, M. D.
(Address) California 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.

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