

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

Do not use this space.

6829

1. PLACE OF DEATH

89 County Ray
Township Prosper
City Raymond, Mo. (No. R.F.D. # 8-2)

Registration District No. 914
Primary Registration District No. 6235-

File No. _____
Registered No. 6
St. _____ Ward) _____

2. FULL NAME

(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 male 4. COLOR OR RACE Anglo-Saxon 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856- Feb 4

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>0</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Council Bluffs Iowa

13. NAME Joseph Dan. Crozen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. E.

15. MAIDEN NAME Bethena Arledge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. E.

17. INFORMANT (ADDRESS) W. L. Hughes Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope DATE Feb 19, 1933

19. UNDERTAKER (ADDRESS) John Knip's child

20. FILED Feb 19, 1933 W. E. Gant
Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932, to Feb. 18, 1933
I last saw him alive on Feb. 4, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

Heart Block
due to Arteriosclerosis
and Coronary with
initial myocardial

Other contributory causes of importance: 92 W

Name of operation not any Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1933

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. E. Gant M. D.
(Address) Raymond, Mo. R. 215

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.

