

APR 24 1936

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

Do not use this space.

12114

1. PLACE OF DEATH

County RAY  
Township KNOXVILLE  
City KNOXVILLE (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 36

2. FULL NAME JOAN M. CRUITION

(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

MEDICAL CERTIFICATE OF DEATH

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

PRICE M. CRUITION

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. of \_\_\_\_\_ min.

77

7

7

OCCUPATION

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

Housewife

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) RAY CO. MO.  
(STATE OR COUNTRY)

FATHER

13. NAME JOHN SCHOOLER

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

MOTHER

15. MAIDEN NAME JANE MODE

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

17. INFORMANT CHAS. M. CRUITION  
(ADDRESS) HARDIN MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE HARDIN MO. R.F.D. DATE 3/14/36

19. UNDERTAKER C. M. JOINER  
(ADDRESS) RICHMOND MO.

20. FILED 4-9-36 E. E. Ray Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from

MAR 10, 1936, to MAR 12, 1936

I last saw him alive on MAR 12, 1936. Death is said

to have occurred on the date stated above, at 7:20 P.M.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Valvular heart trouble

Name of operation None 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) E. E. Ray, M. D.

(Address) Richmond 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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