

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

Do not use this space.

41459

PLACE OF DEATH

County Monticello
Township Greenstown
City Greenstown (No.)

Registration District No. 574
Primary Registration District No. 4338

File No. 1929
Registered No.
St. Ward)

2. FULL NAME A. L. Crum

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Miss Marie Ward Crum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/5/1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 4

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 employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monticello Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Nathaniel Crum

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

12. MAIDEN NAME OF MOTHER Jane Durbin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs A. L. Crum
(Address) Greenstown Mo

15. FILED 12/2, 1929 H. A. Meyers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-1929

17. I HEREBY CERTIFY that I attended deceased from 12-10-1929 to 12-10-1929, that I last saw him alive on 12-10-1929, and that death occurred, on the date stated above, at 10 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Liver

CONTRIBUTORY (SECONDARY) 44B
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. R. Meredith, M. D.

*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 Union Cemetery DATE OF BURIAL 12/15 1929

20. UNDERTAKER William & Fred Meyer ADDRESS California

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

