

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

Do not use this space.

SEP 21 1936

30186

1. PLACE OF DEATH

County Cape Girardeau
Township Wright
City Gordonville, Mo.

Registration District No. 126
Primary Registration District No. 4069

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

2. FULL NAME

Ida E. Keenan Crossides
Gordonville, Mo.

(a) Residence, No. _____ 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 F 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 Albert Crossides

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 15

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) (STATE OR COUNTRY) Gordonville, Mo.

13. NAME Margaret Keenan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright, Mo.

15. MAIDEN NAME Elizabeth Keenan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright, Mo.

17. INFORMANT (ADDRESS) Albert Crossides

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville, Mo. DATE Aug 18 1936

19. UNDERTAKER (ADDRESS) W. J. Keenan

20. FILED 8/16 31 Wm. N. Ford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1936 to 8-16, 1936
I last saw h.p.r. alive on 8-15, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 2 yrs.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? No.

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) W. J. Keenan, M. D.
(Address) Gordonville, 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

