

REC'D MAR 9 1939

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

5308
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 507
(c) City Lancaster City (d) Street No. St Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph S. Crisp
(a) Residence, No. 2807 Benton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Crisp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1890

7. AGE YEARS 48 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jackson Co.
9. Industry or business in which work was done, as saw mill, bank, etc. Recorder & Deed
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) Higginsville Mo.

FATHER 13. NAME M. Polk Crisp 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Jane Medora Tate 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hazel Crisp 2807 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Harest Hill DATE Feb. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Newcomer's Sons Blue Herck & Oase.

20. FILED 77 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1937, to 2/5, 1939
I last saw him alive on 2/4, 1937 Death is said to have occurred on the date stated above, at 10:35 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Hypertensive myocarditis
Myocardial failure
Other contributory causes of importance:
Terminal Broncho-pneumonia

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

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) James R. Gray M. D.
(Address) 814 West Astor St. Kansas