

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.

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

Ent'd

PLACE OF DEATH _____
 County Franklin
 Township Central or _____
 Village _____ or _____
 City _____
 Registration District No. 294 File No. 4949
 Primary Registration District No. 3409-B Registered No. 7
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Birdie Ezma Crowder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Sept 23, 1909
(Month) (Day) (Year)

AGE 5 yrs. 19 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
 (City or town, State or foreign country) Central Tp.

PARENTS

NAME OF FATHER John S. Crowder
 BIRTHPLACE OF FATHER near Union, Mo.
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Rosa M. Robinson
 BIRTHPLACE OF MOTHER near Union, Mo.
(City or town, State or foreign country)

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 23 Sept, 1910, to 12 Mar, 1910, that I last saw her alive on March 10, 1910, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
15 Convulsions and
16 Asphyxia.
26

Contributory Congenital defective heart.
(SECONDARY) (Duration) ___ yrs. ___ mos. 02 ds.

(Signed) C. F. Bringleh M. D.
Mar 12, 1910 (Address) St. Clair Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence St. Clair

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John S. Crowder
 (ADDRESS) RA 1 Union, Mo.

Filed 3/12 1910 W. E. Kitchell REGISTRAR

PLACE OF BURIAL OR REMOVAL Prairie G. yard. DATE OF BURIAL 3/12, 1910

UNDERTAKER Webb C. C. Worsh. ADDRESS St. Clair

