

SEP 26 1927

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

Do not use this space.

23716

1. PLACE OF DEATH

County Richman
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5127
(No. Foot Of Mo River Bank)

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME Edward Crossley

(a) Residence No. 101 East Elk Street St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Graves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 I 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Burlington Junction, Missouri.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Philip Crossley

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

12. MAIDEN NAME OF MOTHER Katherine Show

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Savannah, Missouri.
(STATE OR COUNTRY)

14. INFORMANT Katherine Snow
(Address) 101 Elk Street

15. FILED 86-2799 Edmund
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from Viewed on Aug 4, 1927, to Aug 4, 1927
that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ l.p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Green shot wound in front chest.
Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Card Martin finding
History of Showles
(Signed) Dr. Mays Croner, M.D.

Aug. 5, 1927 (Address) St. Joseph Mo

*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 DATE OF BURIAL

King Hill Cenetary Aug. 6 1927
20. UNDERTAKER ADDRESS

A. C. Sidonjadin 1802 Union Str.

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.

