NOV 26 1927

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

Do not use this space.

30172

1. PLACE OF DEATH

County Holt. Registration District No. 372 File No.

Township Primary Registration District No. 4218 Registered No. 567

City Maund City Mo. St. Ward)

2. FULL NAME Carrie Ritta Crow.

(a) Residence. No. St., 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 13th 1889.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sales Lady.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Mo.

PARENTS

10. NAME OF FATHER Isaac M Crow

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

12. MAIDEN NAME OF MOTHER Elizabeth Ann Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Miss Minnie Crow.
(Address) Maund City Mo.

15. FILED 10-17-27 19 J C Bacon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1925 to Oct 15 1927 that I last saw her alive on Oct 15 1927, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epithelioma breast with general metastasis.

50 (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 47 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 1925

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical & microscopic

(Signed) F. E. Hogan M. D

10-17, 1927 (Address) Maund City 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 Mt Hope

DATE OF BURIAL Oct 17 1927

20. UNDERTAKER Tellephur & Crawford

ADDRESS Maund City

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.