

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

Do not use this space.

30794

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.

1. PLACE OF DEATH
 County Leclaire Registration District No. 449
 Township London Primary Registration District No. 4267
 City London (No.) St. Ward

2. FULL NAME Olive Crest
 (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 M. 4. COLOR OR RACE W 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) Feb. 6, 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>20</u>	<u>8</u>	<u>23</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farm Hand
 (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) Mo.

10. NAME OF FATHER Joe. Crest

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

12. MAIDEN NAME OF MOTHER Miss Middle

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

14. INFORMANT O. J. Crest
 (Address) Lebanon Mo.

15. FILED 10/31, 1927 J. W. Bullinger
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to 19.....
 that I last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at about 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide

174 (duration) yrs. mos. ds.

CONTRIBUTORY To Kniff stab under left arm
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1928
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS Copious Inguent
 (Signed) A. R. Palmer Coroner M. D.
 , 19 (Address) Lebanon 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 Lebanon Mo. DATE OF BURIAL 11-1 1927

20. UNDERTAKER Palmer ADDRESS Lebanon Mo.

