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

Do not use this space.

1133

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kan Primary Registration District No. 1002 Registered No. 737
City Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME James Randal Crabb
(a) Residence. No. St., Ward. Clay Center, Kans
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Roanoke
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER Wm. R. Crabb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Ann Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Wm. E. Alnister
(Address) 3318 Gillham

15. FILED 1/13 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Jan 13, 1928 that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 6.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lung
44B
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia terminal
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Exam x Ray & autopsy
(Signed) Robert C. Davis, M. D
1/13 1928 (Address) 937 Rialto

*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 Clay Center, Kans
DATE OF BURIAL Jan 13 1928

20. UNDERTAKER D. W. Newcomer's Sons
ADDRESS K.C. Mo.

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.

937 Rialto Bldg.
Hav 1696.
1-5-

~~1325 Rialto Bldg.~~
~~M 1145~~
~~2-4-~~