FEB 21 1928

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

Do not use this space.

1890

1. PLACE OF DEATH
County: Montreal — Registration District No. 577
Township: ~~Morgan~~ Pilot Grove — (Primary Registration District No. 577 57)
City: Laclede (No. ..... St. ..... Ward)

File No. .....
Registered No. 2

2. FULL NAME: Jennie Crosswhite

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 13th 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	—	26	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer): Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co. Mo

PARENTS
10. NAME OF FATHER: Martin V. Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Montreal Co Mo
12. MAIDEN NAME OF MOTHER: Mary Rowan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo

14. INFORMANT: Walter Crosswhite
(Address) Versailles Mo

15. FILED 2/4, 1928 J. M. Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 9th 1928

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 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Prostration which led to Pelvic Cellulitis Transition

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

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Complete Paralysis
(Signed) H. E. Blackburn M. D.
1-10, 1928 (Address) Versailles Mo R.D.

*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: Hopewell Cemetery — DATE OF BURIAL: Jan 11 1928

20. UNDERTAKER: Vaderlis — ADDRESS: Versailles 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.