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.

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

Do not use this space.

16183

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 6518 Brown St. Ward)

File No.
Registered No. 572

2. FULL NAME Martin M. Crow,
(a) Residence. No. 6518 Brown St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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: Sarah Crow,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
82	10	23	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

PARENTS
10. NAME OF FATHER: James Crow,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,
12. MAIDEN NAME OF MOTHER: Nancy Howard,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

14. INFORMANT: Homer Crow
(Address) Maysville, Missouri

15. FILED MAY 8 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 3. 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 3, 1928, that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 1:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 C Chronic Myocarditis
97
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
Unknown (duration) yrs. mos. ds.

906

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William A. Robertson, M. D
May 7, 1928 (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: City Cemetery
DATE OF BURIAL: May 8th. 1928

20. UNDERTAKER: Healon BeGole & Bowman
ADDRESS: 319 S. 10 St.
by F. H. Kaale — Funeral Home