

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

Do not use this space.

6617

399

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002  
 Township Kaw Primary Registration District No. 782  
 City Kansas City (No. 3538 Gillham) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 782  
 Registered No. 782

**2. FULL NAME** Franklin D. Crabbs  
 (a) Residence. No. 3538 Gillham St. 6 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 45 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) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Elizabeth T. Crabbs

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan. 30 - 1857

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
72 0 14

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Chairman of the Board of the Union Bank Note Co.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Board of the Union Bank Note Co.  
 (c) Name of employer Bank Note Co.

**9. BIRTHPLACE (CITY OR TOWN)** Dayton  
 (STATE OR COUNTRY) Ohio

**10. NAME OF FATHER** Benj. F. Crabbs

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** not known  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Folkreth

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Not known  
 (STATE OR COUNTRY)

**14. INFORMANT** Leo N. Crabbs  
 (Address) 511 East 47th

**15. FILED** 276 19 29 M M Cronin REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb. 14 19 29

**17. I HEREBY CERTIFY** Deputy Coroner 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 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Rupture heart

95B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**C** DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed) Walter M. Hall, M. D.

2/14, 19 29 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Forest Hill Cemetery DATE OF BURIAL 2-16 19 29

**20. UNDERTAKER** Shine + McClure ADDRESS 3235 Gillham

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 399 File No.....  
 Township..... Primary Registration District No. 1009 Registered No. 987  
 City K. City (No.....) St. .... Ward)

**2. FULL NAME**

Franklin D. Crabbs  
 (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. 'da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER.....  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER.....  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY)

14. INFORMANT..... (Address)

15. FILED 7/16 1929 M. M. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1929

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..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

ruptured heart  
cause unknown  
 (duration) ..... yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) gout  
 (duration) ..... yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Stanley M. Hall, M. D.  
 , 19..... (Address)

\*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 DATE OF BURIAL  
 19.....

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRAR RECEIVE A FEE OR GET TESTS UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-6617