

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

Do not use this space.
13699

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

K. 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.

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PLACE OF DEATH
County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirkville (No. _____) St. _____ Ward _____
Registered No. 74

2. FULL NAME Drucella Crowder
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-14-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 | 7 | 26 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

10. NAME OF FATHER Richard Tate

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

12. MAIDEN NAME OF MOTHER ? Lowe

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

14. INFORMANT L. B. Crowder
(Address) Kirkville Mo

15. FILED 4/10, 1929 A. Becker
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929 to Mar 30, 1929 that I last saw her alive on Feb 19, 1929 and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma of breast and pleural
50 about 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 4/10 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. NO
DID AN OPERATION PRECEDE DEATH. NO DATE OF _____
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical & X-ray
(Signed) J. W. Martin, M. D.
(Address) Kirkville 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 Dewellys DATE OF BURIAL 4-11 1929

20. UNDERTAKER DeRiley ADDRESS Kirkville

1929-4-10
1859-8-14

69-7-26