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

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.

19980

1. PLACE OF DEATH

County: St Louis — Registration District No. 791 — File No. 19980

Township: — Primary Registration District No. 1003 — Registered No. 5623

City: St Louis (No. 3019 a Rutdger St. Ward)

2. FULL NAME: James Crookshank Jr.

(a) Residence. No. 3019a Rutdger St., 18 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 29 1928

7. AGE: — Years; Months: 8; Days: 21; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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): St Louis

PARENTS

10. NAME OF FATHER: James Crookshank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): La.

12. MAIDEN NAME OF MOTHER: Rosa Craig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hattesburg Miss.

14. INFORMANT: Rosa Crookshank (Address) 3019a Rutger

15. FILED MAY 21 1929 Max C Parkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/20 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/18 1929, to 5/20 1929, that I last saw him alive on 5/20 1929, and that death occurred, on the date stated above, at 5:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Inherit Lues

34 (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 38 (duration) yrs. mos. ds.

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?

(Signed) E. L. Taylor M.D.

5/20, 1929 (Address) 3136 C Hamilton

*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: Washington Park — DATE OF BURIAL: 5/22 1929

20. UNDERTAKER: Manuel Smdt Co. — ADDRESS: 4069 Finney