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

Do not use this space.

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006
File No. 39687
Registered No. 302

2. FULL NAME: Mr Hershal Crosswhite
(a) Residence. No. 704 Rogers 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: 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: Daisy

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28-1866.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	0	1	

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

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

PARENTS
10. NAME OF FATHER: Harrison Crosswhite
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Juan Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: Homer Crosswhite
(Address): Columbia

15. FILED 12-30, 1929 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-29-1929

17. I HEREBY CERTIFY, That I attended deceased from December 19, 1929, to December 29, 1929, that I last saw him alive on December 29, 1929, and that death occurred, on the date stated above, at 7-25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): High Blood pressure
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Not
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Yes
(Signed) A. C. Heidman, M. D.
, 19 (Address) 20 S. 9th Columbia 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: Memorial Park Cemetery
DATE OF BURIAL: 12-30-1929

20. UNDERTAKER: Tom McHarg
ADDRESS: Columbia

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.