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

Do not use this space.

759-1

MAY 26 1930

1. PLACE OF DEATH
County Greene
Township Wilson
City ~~Battlefield, Mo.~~ (No. Route 1 St. Ward)

Registration District No. 317
Primary Registration District No. 5442

File No.
Registered No.

2. FULL NAME James Crabtree
(a) Residence. No. R.t.1. Battlefield, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Wash. Co. Va.

PARENTS
10. NAME OF FATHER Abner J. Crabtree
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Martha Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT J. F. Crabtree
(Address) Rt. 9 Springfield, Mo.

15. Jan 21-1930 H. G. Frame
This certificate came to me 4-13-30
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1930, to July 1 Dist, 19 that I last saw him alive on Jan 21, 1930 and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Intestinal Nephritis
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12 [illegible] (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? Laboratory
(Signed) H. B. Hoss [illegible], M. D
Jan 24, 1930 (Address) Rixa 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: Patterson Cemetery
DATE OF BURIAL: Jan. 23 1930

20. UNDERTAKER: Alma Lohmeyer Funeral Home
ADDRESS: Springfield Missouri

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.

WHITE PLAINLY, [illegible] UNFADING INK—THIS IS A PERMANENT RECORD

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