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

Do not use this space.

18586

1. PLACE OF DEATH
County Boone
Township Columbia
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 104

2. FULL NAME Joe Ella Crosswhite
(a) Residence No. 102 Pendleton St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: about 62 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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) Boone County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Orange Wingo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Eliza Davenport
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Larkin Crosswhite
(Address) Columbia Missouri

15. FILED June 5, 1930 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to 6-2-30, 19..., that I last saw him alive on 6-2-30, 19..., and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Oo Moor, M. D
6-4-30 (Address) 7 1 S

*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: Calvary Cemetary
DATE OF BURIAL: June 5th 1930

20. UNDERTAKER: Stuart P. Parker
ADDRESS: Columbia Mo