

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

Do not use this space.

19503-a

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 3302
 City Waverly St. 2 Ward 2
2. FULL NAME Wm. B. Crowe
 (a) Residence. No. 110 Highland St. 2 Ward. (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.

File No. _____
 Registered No. 2500
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS 46 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14-30
17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
Recurrent (duration) _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leas
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Tenn
12. MAIDEN NAME OF MOTHER North Tenn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Tenn

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
20. WAS THERE AN AUTOPSY? Yes
21. WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Deputy Coroner M. D. 6/14/30 (Address) Waverly
 *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.

14. INFORMANT (Address) Ann Williams
110 Highland
15. FILED 6/16 19 30 M. J. Crowe
 REGISTRAR Ann

19. PLACE OF BURIAL, CREMATION, OR REMOVAL North Tenn DATE OF BURIAL June 18 1930
20. UNDERAKER Walter H. Fletcher ADDRESS 1520 N. J.

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.

