

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

Do not use this space.

10592  
168

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

577 County Lincoln  
Township Monroe  
City Winfield (No. \_\_\_\_\_)

Registration District No. 492  
Primary Registration District No. 4289

**1.2. FULL NAME**

George W. Crowland

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 Lucilia Crowland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 28, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	11	23	

**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) Missouri  
(STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Washington Crowland  
(STATE OR COUNTRY) \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Johnson  
(STATE OR COUNTRY) \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY)

14. INFORMANT Lucilia Crowland  
(Address) Winfield, Mo

15. FILED 3/22 1931 [Signature]  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to March 20, 1931, that I last saw him alive on March 20, 1931, and that death occurred, on the date stated above, at 11 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Yocomotor Ataxia  
80  
137 (duration) 1 yrs. 1 mos. 1 ds.  
CONTRIBUTORY (SECONDARY) Acute Prostatitis  
and Cystitis (duration) 4 yrs. 4 mos. 4 ds.

**18. WHERE WAS DISEASE CONTRACTED**

BY NOT AT PLACE OF DEATH.  
8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. M. Taylor M. D.  
, 19- (Address) Eloberry, 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 Bethany Cemetery DATE OF BURIAL Mar. 23 1931  
20. UNDERTAKER David L. Frueh ADDRESS Winfield, MO

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.

APR 24 1931

