WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 27 1931

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

Do not use this space.

1123

15573

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 1123 — File No. 15573

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 130

City Jefferson Barracks, Mo. No. U. S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Harvey L. Crews.

(a) Residence, No. Oulin, 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 un yrs. kn mos. owrrs. 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.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unavailable. 1
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable. 31
(STATE OR COUNTRY) Unavailable.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

17. INFORMANT C. H. Smith. Clinical Director.
(ADDRESS) U. S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oulin, Mo. DATE 4-6, 1931

19. UNDERTAKER C. Hoffmeister N. O.
(ADDRESS) 7814 Broadway

20. FILED April 5, 1931 L. C. Crook
Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1931., 19..., to April 2, 1931., 19...

I last saw him alive on April 2, 1931, 19... Death is said to have occurred on the date stated above, at 8:05 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
93C	

Other contributory causes of importance:

Name of operation - - - - - Date of
What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg.
(Address) U. S. Veterans Hospital, Jefferson Barracks, Mo.