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

Do not use this space.

25517

File No. 48

Registered No.

1. PLACE OF DEATH

County Lawrence — Registration District No. 470

Township N. Mt Vernon — Primary Registration District No. 5633

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Crow

(a) Residence, No. ..... 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: Female

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: Harry E. Crow.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 23, 1904

7. AGE: YEARS 26 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kosh Konong, Mo.

FATHER

13. NAME: John Clay Reilley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Julia Ann Shurron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Sanat. records

18. BURIAL, CREMATION, OR REMOVAL: Pepton Bluff, Mo. DATE 7/23 1931

19. UNDERTAKER (ADDRESS): Geo A. Orr, Mt Vernon, Mo

20. FILED Aug 11 1931 N J Fulton, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1929, to 7/22, 1931

I last saw her alive on 7/21, 1931. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

	Date of onset
Pulmonary tuberculosis	Aug. 1928
23A	
25	

23

Other contributory causes of importance:

Tuberculous laryngitis

" enteritis

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray + sputum 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? No

If so, specify .....

(Signed) J. B. Stokes, M. D.

(Address) Mt. Vernon, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

AUG 26 1931