

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.

25 1932

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

Do not use this space.

1941

1. PLACE OF DEATH

95 County Oregon Registration District No. 636
Township Big Apple Primary Registration District No. 5873
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 1041992

2. FULL NAME

Maudie Crowder
(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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. C. Crowder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 8 - 1893</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>11</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Douglas Co. Mo. 1</u>		
13. NAME <u>John Deavers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 318</u>		
15. MAIDEN NAME <u>Hattie Bray</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>O. C. Crowder</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waynes</u> DATE <u>1/6 - 32</u>		
19. UNDERTAKER (ADDRESS) <u>Leo Parr</u>		
20. FILED <u>7-6-32</u> <u>Arthur Bohmerman</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-32

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1932 to Jan 4 - 1932
I last saw him alive on Jan 4 - 1932 Death is said to have occurred on the date stated above, at 11:00 m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Frank Gulley, M. D.
(Address) Washburn Mo
Gulley

