

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

Do not use this space.

9309

**1. PLACE OF DEATH**

County Moniteau  
Township Pilot Grove  
City (None)

Registration District No. 577  
Primary Registration District No. 5775

File No. \_\_\_\_\_  
Registered No. 5 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Walter L. Crosswhite

(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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 15-1869</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Morgan Co. Mo.</u>		
13. NAME <u>W. A. Crosswhite</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co. Mo.</u>		
15. MAIDEN NAME <u>Mary A. Sharp</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Sam J. Crosswhite Fertuna Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bepewel</u> DATE <u>3-2-1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Kidwell Versailles Mo.</u>		
20. FILED <u>3-10-1932</u> <u>Jm. Robertson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1932 to Feb 29, 1932  
I last saw him alive on Feb 28, 1932. Death is said to have occurred on the date stated above, at 2:15 A.M.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia  
Both basal-lower lobe  
108 108

Other contributory causes of importance:  
(1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) W. E. Blacksten M. D.  
(Address) Versailles, Mo. [R.]

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.

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

APR 28 1932

