

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

Do not use this space.

11597

1. PLACE OF DEATH

County Boone  
Township  
City Columbia (No. \_\_\_\_\_)

Registration District No. 73  
Primary Registration District No. 3006

File No. \_\_\_\_\_  
Registered No. 76  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas M. Crotty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 - 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid 2:4

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

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) Boone County Missouri

13. NAME Charlie Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

15. MAIDEN NAME Susie Beverly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT (ADDRESS) Susie Beverly Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calgary cemetery DATE 4-10-32

19. UNDERTAKER (ADDRESS) Stuart J. Parker Columbia, Mo

20. FILED 4/9/32 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1932, to Apr 7, 1932

I last saw her alive on Apr 7, 1932 Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Rupture of Tuberculosis  
ulcer of the intestine  
33A  
BB

Date of onset Apr 5 1932  
4 mo ago

Other contributory causes of importance: Pulmonary TB

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 \_\_\_\_\_, 1932

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) M. C. Cooper M. D.  
(Address) Parker Hospital

WRITE FULLY, 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 20 1932

1038

In copy