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

Do not use this space.

16821

1. PLACE OF DEATH

67 County Mississippi — Registration District No. 566

Township Tywappity — Primary Registration District No. 5762

City ~~Charleston~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 30

2. FULL NAME Cosby Perry Crenshaw

(a) Residence. No. RFD #5 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Crenshaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	9	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

PARENTS

10. NAME OF FATHER M. B. Crenshaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

12. MAIDEN NAME OF MOTHER Lizzie Cumley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bertrand, Mo.

14. INFORMANT Mrs. Ella Crenshaw
(Address) Charleston Mo R.FD #5

15. FILED May 5th, 1932 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 1 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/3 1932

17. I HEREBY CERTIFY, That I attended deceased from about Apr 15, 1931, to May 3, 1932 that I last saw him alive on May 2, 1932 and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ca. of face

52 52

about (duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Debility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) E Chastolwing, M. D.

..., 19 (Address) Charleston Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
I.O.O.F. Cemetery	5/5 1932
20. UNDERTAKER	ADDRESS
The Fair Und. Co. F D Lang	Charleston Mo.

Dr. Polwing