

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

Do not use this space.

18429

1. PLACE OF DEATH

87/103 County
8 Township
6 City

Stoddard
Beckham
Puxico MO

Registration District No.

840

Primary Registration District No.

6702
7511

File No.

Registered No.

20

St. _____ Ward _____

2. FULL NAME

Lydia Victoria Crews

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Y

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

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

Sept. 4, 1880

7. AGE

YEARS

51

MONTHS

8

DAYS

26

If LESS than 1 day, hrs. or min.

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

Housekeeper

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

235

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

11. Total time (years) spent in this occupation

9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Harrison Gray

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

South Korea

31

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

Mabel Crews

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Puxico*

DATE *May 30, 1932*

19. UNDERTAKER (ADDRESS)

Herman White Stone Co Puxico Mo

20. FILED

May 30, 1932

G. H. Hoff

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1932, to May 30, 1932

I last saw him alive on *May 27, 1932* Death is said

to have occurred on the date stated above, at *3:00 a.m.*

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

Pneumonia Tuberculosis
23 AP
23 P/B
1029

Other contributory causes of importance:

7th day of pneumonia

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? *Yes*

If so, specify

(Signed) *E. H. Channing*, M. D.

(Address) *Puxico Mo.*

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 SURROUNDING MATTERS TO STATE PERTINENT RECORDS

