

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

Do not use this space.

19894

1. PLACE OF DEATH

49 County Jasper Registration District No. 411 File No. 30
 1 Township Jasper Primary Registration District No. 2002 Registered No. _____
 5 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Martin Longton Crowell
 (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>W</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>Blanchell Crowell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12, 1883</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L & B Mines</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>13</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>Jasper Mo</u>		
FATHER	13. NAME <u>Thomas Crowell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Bentley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper Mo</u>	
17. INFORMANT <u>Faye Crowell</u> (ADDRESS) <u>Jasper Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>9/2 1932</u>		
19. UNDERTAKER <u>Anderson & Sons</u> (ADDRESS) _____		
20. FILED <u>7/2 1932</u> <u>Ch. B. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1932 to June 30, 1932
 I last saw him alive on June 29, 1932 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
23A
Pul Tuberculosis
 Other contributory causes of importance:
23 1
 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) H. A. Deanning, M. D.
 (Address) Jasper Mo

WRITE PLAINLY, 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.

JUL 25 1932

