

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

Do not use this space.

32909

**1. PLACE OF DEATH**

64 County Macon Registration District No. 548  
Township Dabine Primary Registration District No. 5743  
City DuBois (No. R.R. # 2)

File No. \_\_\_\_\_  
Registered No. 60  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James P. Crabtree  
(a) Residence No. R.R. # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city, or town and State)  
Length of residence in city or town where death occurred 1.5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1858

7. AGE YEARS 74 MONTHS 4 DAYS 18 If LESS than 1 day, or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) Oct. 1929 11. Total time (years) spent in this occupation Life

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

13. NAME James Crabtree

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

15. MAIDEN NAME Mary McCoy

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

17. INFORMANT Cora Deenwater (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Illinois DATE Oct 26 1932

19. UNDERTAKER D.W. Daugherty (ADDRESS) Quincy Illinois

20. FILED Oct. 24 1932 Mina S. Tucher Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/8/32, 1932, to 10/24/32, 1932.  
I last saw him alive on 10/20/32, 1932. Death is said to have occurred on the date stated above, at 9:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
La Grippe & Debility  
Date of onset 10/16/32  
11A  
108  
162/100/100 (1)

Other contributory causes of importance:  
None  
12 Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Microsc Was there an autopsy? None

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. Home  
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. B. Rogers M. D.  
(Address) 431 E. 8th Quincy, Ill.

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.

NOV 29 1932

