

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

Do not use this space.

35453

1. PLACE OF DEATH
 39 County Greene Registration District No. 324
 Township Robberson Primary Registration District No. 5449
 City Willard Mo. (No. R#2) St. _____ Ward _____

2. FULL NAME Oscar P. Crow
 (a) Residence, No. _____ St. #2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 10-1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
15	2	12	

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

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

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) Colo. 2

MOTHER FATHER

13. NAME J. K. Crow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo. 1

15. MAIDEN NAME Myrtle Barker

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

17. INFORMANT Oscar P. Crow
 (ADDRESS) Willard Mo. R#2

18. BURIAL, CREMATION, OR REMOVAL PLACE obituary home DATE Nov 22 1932

19. UNDERTAKER (ADDRESS) J. H. Ruggier & Co., Springfield, Mo.

20. FILED Nov 26 1932 Mac Cantain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1932, to Nov 22 1932
 I last saw him alive on Nov 21 1932. Death is said to have occurred on the date stated above, at 2:09 a.m.
 The principal cause of death and related causes of importance were as follows:
Typhoid Fever
Peritonitis

Other contributory causes of importance: _____

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) B. E. Ellis, M. D.
 (Address) Springfield, 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.

JAN 9 1933

