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 21 1933

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

Do not use this space.

38408

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

3 Township Columbia — Primary Registration District No. 3006 — Registered No. 271

8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Joseph Crosswhite

(a) Residence, No. 207 Christian College St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1865

7. AGE: YEARS 67 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

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) Boone County Missouri

FATHER

13. NAME Calvin Crosswhite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

MOTHER

15. MAIDEN NAME Charlotte Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT (ADDRESS) Clarence Crosswhite Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery DATE 12-22 1932

19. UNDERTAKER (ADDRESS) Stuart T. Parker Columbia Missouri

20. FILED 12/22/1932 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1932, to Dec-19-, 1932

I last saw h. alive on Dec-19-, 1932 Death is said to have occurred on the date stated above, at 6 P m.

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

Rectal carcinoma

460 (4620)

Other contributory causes of importance:

Date of onset

Name of operation 8 Date of

What test confirmed diagnosis? Pregnant 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) J. A. Taylor, M. D.

(Address) Columbia, Mo.