

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.

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

Do not use this space.

1. PLACE OF DEATH  
 91 County Ripley Registration District No. 750  
 Township Boonshannon Primary Registration District No. 3985  
 City Alton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas William Crow  
 (a) Residence, No. \_\_\_\_\_ Oregon County 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

12870  
File No. \_\_\_\_\_  
Registered No. 1133

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 11 7

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

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

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Unknown - Crow

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

15. MAIDEN NAME Emma Cazadd

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

17. INFORMANT Mrs. Hessie Crow  
 (ADDRESS) Alton Mo. R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Ark. DATE 1-6-33, 1933

19. UNDERTAKER J. E. Johnson  
 (ADDRESS) Alton Mo.

20. FILED 1-6, 1933 R. H. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-33, 1933

22. I HEREBY CERTIFY That I attended deceased from January 4, 1933, to January 5, 1933  
 I last saw him alive on January 5, 1933 Death is said to have occurred on the date stated above at 10:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia Mixed Infection meningitis Influenza type Date of onset 7 days  
10 days  
 Other contributory causes of importance: 28 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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. E. Johnson, M. D.  
 (Address) Alton Mo.

