

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Boonville
City Boonville (No. _____) St. _____ Ward _____

Registration District No. 283
Primary Registration District No. 5401

File No. 5273
Registered No. _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) Aug 24th 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 6 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Heber Springs Ark
(STATE OR COUNTRY)

10. NAME OF FATHER W. D. Crosby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Ferguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

14. INFORMANT C. L. Crosby
(Address) Heber Springs Ark

15. FILED 2/26 33 Levin Walker
REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25th 1933

17. HEREBY CERTIFY, That I attended deceased from Feb 1st 1933 to Feb 25th 1933
that I last saw him alive on Feb 24th 1933, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza and Pneumonia Complication

CONTRIBUTORY (SECONDARY) 11A 107A (duration) yrs. mos. ds.
11C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. A. Parker, M. D.
(Address) Condwell Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Heber Springs Ark DATE OF BURIAL Feb 26 1933

20. UNDERTAKER Howard Anderson ADDRESS Condwell Mo

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.

WRITE PLAINLY WITH CAPS AND UNDERSCORES. THIS IS AN IMPORTANT RECORD.

