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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH

73 County Newton — Registration District No. 612 — File No. 23939

Township Van Buren — Primary Registration District No. 5814 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Benton Crowe

(a) Residence No. ..... 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: 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) July 22-1933

7. AGE — YEARS: — MONTHS: — DAYS: 75 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Van Buren District

FATHER

13. NAME Cecil Paul Crowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ritchey Mo.

MOTHER

15. MAIDEN NAME Irene Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berwick Mo.

17. INFORMANT (ADDRESS) Cecil Paul Crowe Ritchey Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jolley Cemetery DATE July 25 1933

19. UNDERTAKER (ADDRESS) Joe Hutchison Granby Mo.

20. FILED July 28 19 Grace Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 27, 1933. I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

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

Congenital Atelectasis — Date of onset July 22-33

161

Other contributory causes of importance:

161A

Name of operation none Date of

What test confirmed diagnosis? none 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? no
If so, specify
(Signed) R. F. Cheatham, M. D.
(Address) Diamond Mo.