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.

28426

File No.

Registered No. 7542

1. PLACE OF DEATH

County ..... Registration District No. 7-1

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. 1755 S. Grand Blvd. St. ..... Ward)

2. FULL NAME Joseph Crosson

(a) Residence, No. (Usual place of abode) 3 St., 17 Ward. Poplar Bluff Mo. (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: M

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~~ Dora Crosson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1859

7. AGE: Years 73 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

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

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Dora Crosson (ADDRESS) Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo DATE Sept-3-1933

19. UNDERTAKER Grauer Bryer (ADDRESS) Poplar Bluff Mo.

20. FILED SEP -1 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1933, to August 31, 1933

I last saw him alive on August 31, 1933 Death is said to have occurred on the date stated above, at 9:15 P m.

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

	Date of onset
Senile gangrene rt foot	May 1933
Amputation - post op.	Aug 5, 1933
9	
98	
8	

Other contributory causes of importance:

Myocarditis. Chr.	
Pulmonary edema	8/31/33
Auricular fibrillation	8-31-33

Name of operation Amputation - mid thigh Date of

What test confirmed diagnosis? — 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? No

If so, specify .....

(Signed) William B. Adams M. D.

(Address) 1755 S Grand Blvd