

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

Do not use this space.

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File No. _____
Registered No. 37
St. _____ Ward _____

1. PLACE OF DEATH

County Stoddard Registration District No. 834
Township New Lebanon Primary Registration District No. 6097
City New Lebanon Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

William Crews

(a) Residence, No. _____ 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. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith D. Crews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 3 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Stoddard Co., Mo.

13. NAME Luther R. Crews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

15. MAIDEN NAME Polly Cockrell

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

17. INFORMANT (ADDRESS) Polly Crews, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leone Cem. Mo. DATE Oct 11 1933

19. UNDERTAKER (ADDRESS) Floyd A. Morgan, Mo.

20. FILED 10-13 1933 W. M. Kearney, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1933 to Oct 11 1933
I last saw him alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 4 9 p. m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia Date of onset 8/9/33
38 8 21 38
Other contributory causes of importance: Malaria

Name of operation _____ Date of _____
What test confirmed diagnosis? inspection 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) W. C. Lewis, M. D.
(Address) Adwano, 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.

NOV 10 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 14 1955