

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

Do not use this space.

37113

PLACE OF DEATH

County McDonald
Township McMullin
City (No.) (St.) (Ward)

Registration District No. 518
Primary Registration District No. 5294

File No. 1-1933
Registered No. 33

FULL NAME Luzetta T. Crowder

(s) Residence, No. Hardman Mo. R. 1 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin B. Crowder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 29

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

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) Missouri

13. NAME Bernhart Lager

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

15. MAIDEN NAME Mary Armstrong

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

17. INFORMANT Mrs. Parsons Turner (ADDRESS) Hardman Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cemetery DATE Nov. 21 1933

19. UNDERTAKER Bill Buzzard (ADDRESS) Seneca Mo.

20. FILED Nov 28 1933 Andrew Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 - 1933 to Nov 20 1933

I last saw her alive on Nov 16 1933 death is said to have occurred on the date stated above, at 8:45 AM

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

Rheumatism Date of onset

Other contributory causes of importance: 50

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify (Signed) P. B. Wheeler, M. D.

(Address) Seneca Mo.

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.

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