

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

Do not use this space.

39991

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. 20th M. Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4788 (Ward) _____
St. _____

2. FULL NAME

(a) Residence, No. Unknown St. _____ Ward. _____

(Usual place of abode)

(Unidentified)

(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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Coroner's Records (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL K.C. Mo., 12-6-33 (Place) Blue Ridge Lawn (CITY) _____ (STATE) _____

19. UNDERTAKER Flynn + Greenstreet (ADDRESS) K.C. Mo.

20. FILED 12-6-33 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 3 - 1933

22. I HEREBY CERTIFY that I attended deceased from _____ 19____
Dyette Crowe

I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Railroad Accident
fracture of the skull
207M

Other contributory causes of importance:

Depression
no
207

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (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)
Normal Railroad

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Railroad
struck by train

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature]

(Address) K.C. Mo. DEP-COR

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.

JAN 26 1934

MARGIN RESERVED FOR BINDING

S. NO. 2

