

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

Do not use this space.

1934
27
1934

PLACE OF DEATH

County Laclede Co
Township Merion
City Phillipsburg (No.)

Registration District No. H 48
Primary Registration District No. 5608

File No. 5494
Registered No. 7
St. Ward)

2. FULL NAME

Daisy Mae Crwin

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
10 8 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Phillipsburg Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Fred Crwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Agnes England
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Mo

14. INFORMANT Fred Crwin
(Address) Phillipsburg

15. FILED 2-12-1934 Aras Montgomery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1934

17. I HEREBY CERTIFY, That I attended deceased from 1-31-, 1933, to 2-4-, 1934 that I last saw him alive on 2-4-, 1934, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
13 (duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

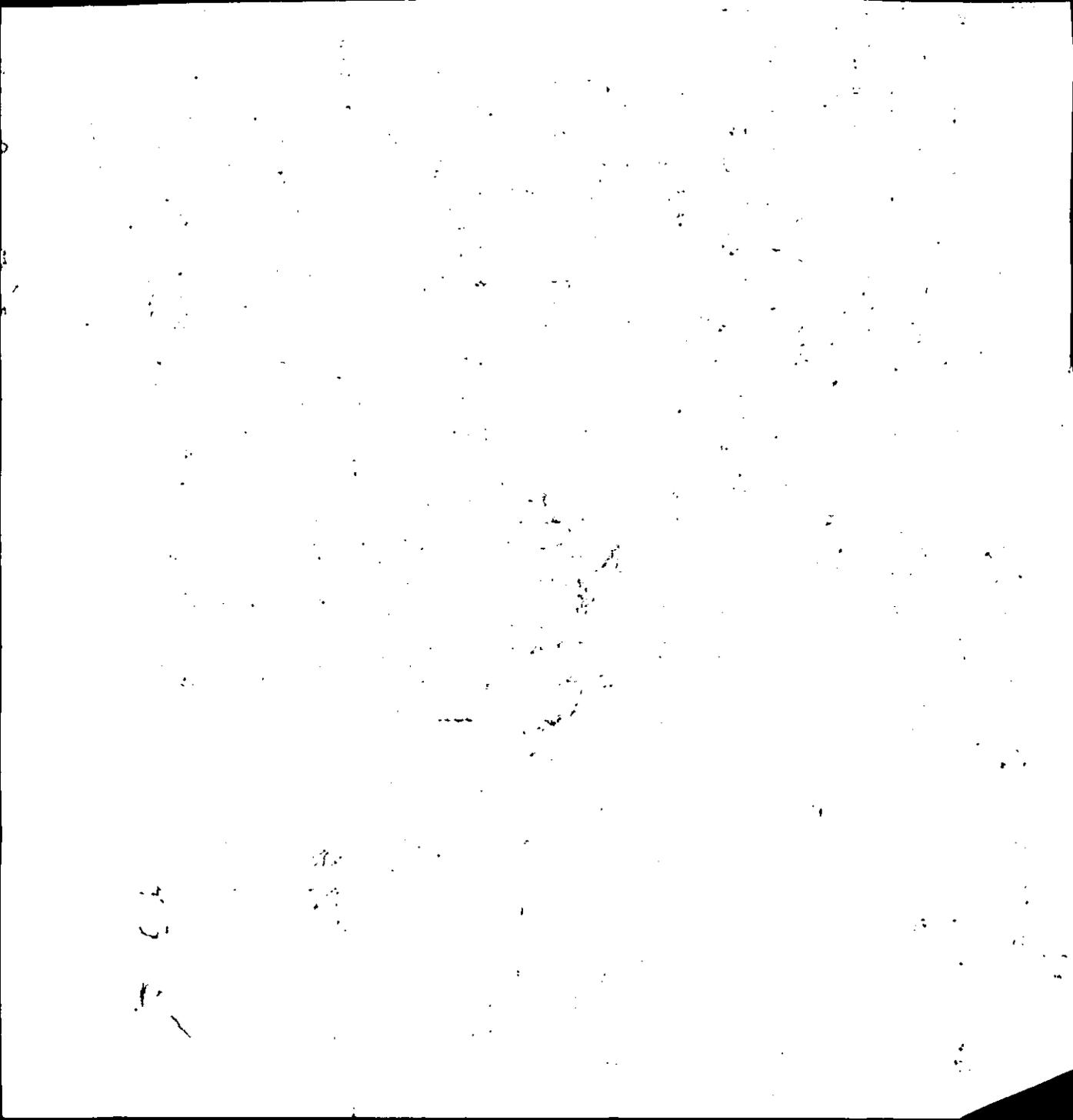
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. C. Benagen, M. D.
2-10-1934 (Address) Coway Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Phillipsburg Cem. 2-6 1934

20. UNDERTAKER W. T. Moffat ADDRESS Coway Mo

PARENTS



5-5494