

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

Do not use this space.

6747

File No. 1598  
Registered No. 1598

1934  
MAR 24

**PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City Shawnee Mo. (No. 5357 Delmar Blvd.) St. .... Ward)

**2. FULL NAME**

Greenfield Crow  
(a) Residence, No. 5357 Delmar St. St. 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos 28 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>9</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Buyer (Retired)

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) Essex, Mo

13. NAME Elvis S. Crow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winslow, Ind

15. MAIDEN NAME Frances De Bruler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. H. Waller 5351 DELMAR BLVD

18. BURIAL, CREMATION, OR REMOVAL PLACE Depler Mo DATE 2/14 1934

19. UNDERTAKER (ADDRESS) Alexander & Sues 617 1/2 Delmar

20. FILED J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1934  
22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw him alive on ....., 19....., to ....., 19..... Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Shock & Injuries (Compound Fracture of Right Elbow, Fracture of Skull, following fall from window in residence.

Other contributory causes of importance: 1866 Accident 1911

Name of operation ..... 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? Accident Date of injury 2/13, 1934

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

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

Manner of injury Fall from window

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) John J. Sweeney

(Address) Deputy Registrar 2/14/34

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.

