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.

MAR 24 1934

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

Do not use this space.

7490

1. PLACE OF DEATH
County Stone — Registration District No. 843 — File No.
Township Washington — Primary Registration District No. 6106 — Registered No.
City ~~Galena Mo~~ (No. , St. Ward)

2. FULL NAME Billie Ray Crabtree
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-23-34
7. AGE: YEARS | MONTHS | DAYS: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
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): Galena Mo

FATHER
13. NAME: Troy Crabtree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galena, Mo

MOTHER
15. MAIDEN NAME: Opal ~~Petcoe~~ Petcoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co. Mo

17. INFORMANT (ADDRESS): Troy Crabtree Galena Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Galena Mo DATE 2-7 1934
19. UNDERTAKER (ADDRESS): Ira Hunt Galena Mo
20. FILED Feb 6 1934 Nellie Tromley Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 159, 19, to, 19
I last saw h 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:

This baby was of premature birth 7 mo. According to testimony of parents the child was in bed with mother when she discovered its heart had stopped breathing

Date of onset

Other contributory causes of importance:
During the 14 da. of its life it had 2 or 3 spells of turning dark indicating a weak heart

Name of operation No physician nor Date of
What test confirmed diagnosis? was called 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) Nellie H Tromley (Registrar)
(Address) Galena Mo