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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH 12
County Butler Registration District No. 88 File No. 7999-A
Township Raccoon Island Primary Registration District No. 6268 Registered No. 13
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Died before naming
(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1934
7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, — hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Butler Co Mo

FATHER
13. NAME Allen Crow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Ill

MOTHER
15. MAIDEN NAME Ina York
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Ill

17. INFORMANT (ADDRESS) Allen Crow Neelyville Mo Sta R1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Raccoon Is. Cem DATE 3/15 1934
19. UNDERTAKER (ADDRESS) non officiated
20. FILED 5-29- 1934 R. L. Turner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1934, to Mar 15, 1934
I last saw him alive on Mar 15, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
not determined
Date of onset
Other contributory causes of importance:
Name of operation none 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? ✓ 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? no
If so, specify
(Signed) H. Turnbull, M. D.
(Address) Naylor Mo