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.

MAY 25 1934

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

Do not use this space.

File No. 13209
Registered No. 89

1. PLACE OF DEATH
County Jackson
Township Grand
City Lees Summit No. St. Ward)

Registration District No. 400
Primary Registration District No. 4235

2. FULL NAME Charles Edgar Crooks
(a) Residence, No. Lees Summit, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella May Crooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 11 - 1877
7. AGE: Years 56 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Road
10. Date deceased last worked at this occupation (month and year): 4/20/34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockville Ind

FATHER
13. NAME: Thomas B Crooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Anna Seybold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mrs Homer Mabry Lee Summit
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit Mo DATE April 30 1934
19. UNDERTAKER (ADDRESS): Langford Lees Summit Mo
20. FILED April 30 1934 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to April 28, 1934
I last saw him alive on April 28, 1934. Death is said to have occurred on the date stated above, at 8:55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4/22/34
Bilateral Bronchial pneumonia	4/26/34
Acute Urinary Suppression	4/27/34
11A	
108	
107A	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? None 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) Clint L. Miller, M. D.
(Address) Lees Summit, Mo.