

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.

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

Do not use this space.

17097

16-1697
MAY 25 1934
1. PLACE OF DEATH
County Jackson Registration District No. 404
Township Washington Primary Registration District No. 5556
City Kansas City (No. 8135 Warneel Road) St. _____ Ward _____
2. FULL NAME Chas C Crew
(a) Residence, No. 8135 Warneel Road, _____ 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.

File No. _____
Registered No. 25
St. _____ Ward _____

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 Myrtle Crew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher Pass off
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) Hillsborough Ohio
13. NAME Eli Crew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsborough Ohio
15. MAIDEN NAME Eliza Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Mrs C C Crew
(ADDRESS) 8135 Warneel
18. BURIAL, CREMATION, OR REMOVAL PLACE Jessie Hill DATE 5/10/34
19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St
20. FILED May 8 1934 Frank P. Phelan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8-1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to May 8 1934
I last saw him alive on May 7 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency Date of onset before 1934
Chronic Parenchymatous Nephritis before 1934
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) S. W. Fair M. D.
(Address) 404 1/2 W 75-K.C.Mo

Dr. J. W. Fair

office 404 1/2 N 75

Ja # 0480

Res. 7308 Washington

Ja # 0617

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