

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.

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

Do not use this space.

JAN 18 1935

1. PLACE OF DEATH

County McDonald  
Township 13  
City Seneca, Mo. (No. 2)

Registration District No. 6-1  
Primary Registration District No. 5-13

File No. 36603  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Everett Dean Crowder

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19-1934</u>		
7. AGE	YEARS	MONTHS
		<u>8</u>
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation—(month and year) <u>✓</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>Omner Crowder</u> <u>8</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
15. MAIDEN NAME <u>Pauline Constock</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT (ADDRESS) <u>Omner Crowder</u> <u>Seneca Mo. R. 2</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hart Cemetery</u> DATE <u>Oct. 23</u> 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>W. B. Buzzard</u> <u>Seneca Mo.</u>
20. FILED <u>Jan 2</u> 19 <u>34</u> <u>Merle Spaulding</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1934  
22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1934 Oct 23 1934  
I last saw him alive on Oct 23 1934 Death is said to have occurred on the date stated above, at 3:15 PM  
The principal cause of death and related causes of importance were as follows:

Ricketts  
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Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. B. Buzzard, M. D.  
(Address) Seneca, Mo.

SECRET  
CONFIDENTIAL  
CONFIDENTIAL

CONFIDENTIAL

SECRET