

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

Do not use this space.

FEB 26 1935

2001

1. PLACE OF DEATH
 County McDonald Registration District No. 518
 Township _____ Primary Registration District No. 5285
 City Anderson (No. _____) St. _____ Ward _____

2. FULL NAME Alexander Franklin Crow
 (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>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Crow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7-1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>0</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Section Hand</u>	
	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) <u>North Carolina</u>		
FATHER	13. NAME <u>Nelson Crow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT (ADDRESS) <u>John Crow Anderson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson Mo</u> DATE <u>Jan 7, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Geo Palmer New C Anderson Mo</u>		
20. FILED <u>Jan 11, 1935 Mrs Lee Hasher Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935 to Jan 5, 1935
 Last saw h. alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 5:18 m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
 Date of onset _____

Other contributory causes of importance:
151

Name of operation _____ 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?
 If so, specify _____
 (Signed) L. B. Pugh M. D.
 (Address) Anderson Mo

