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.

APR 2 1935

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

Do not use this space.

8145

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 317
City St.Joseph, (No. 1203 South 14th Street St. Ward)

2. FULL NAME Marie C Crowley
(a) Residence, No. 1203 South 14th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June.26.1895.

7. AGE: 39 YEARS — MONTHS: 8 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstres
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Mfg CO.
10. Date deceased last worked at this occupation (month and year) March. 1935
11. Total time (years) spent in this occupation 15.Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Joseph, Missouri

FATHER
13. NAME Cornelious C Crowley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, New York

MOTHER
15. MAIDEN NAME Johanna Muehlenbacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis, Missouri

17. INFORMANT (ADDRESS) Edward Crowley 1203 South 14th Street

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St.Joseph,Mo. DATE March. 19 1935

19. UNDERTAKER (ADDRESS) H.O.Sidenfaden 1802 Union Str St.Joseph,MO.

20. FILED 3/8 1935 John R Bauder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th 1935

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed on deceased from ....., 19...., to ....., 19....
I last saw h.... alive on Viewed On March.17, 1935 Death is said to have occurred on the date stated above, at 11/55 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardulis

Date of onset

Other contributory causes of importance:
no pads

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin His 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) Forrest Thomas Coroner, M. D.
(Address) 731 Faaron