

MAY 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township NEW Primary Registration District No. 1002
 City Kansas City (No. 948 West, 33rd St Terrace) St. _____ Ward _____

12935

File No. _____
 Registered No. 1002

2. FULL NAME Thomas G Crowe

(a) Residence, No. 948 West, 33rd St. Terrace 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 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 Mrs. Margaret Crowe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66- 9 15
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Crowe Bakery
 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) Ireland

13. NAME John Crowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Hannah Garrahie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT M. M. Crowe
 (ADDRESS) 948 West 33rd St Terrace

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE 4/17/35

19. UNDERTAKER Quirk & Tobin Co.
 (ADDRESS) 20 West Linwood

20. FILED 4-16 1935 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-5-35, 1935, to 4-14-, 1935

I last saw h. live alive on 4-8-, 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Ventricular Fibrillation Date of onset 4-14-35

Other contributory causes of importance:

Arteriosclerosis
Myocardial Failure

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1935

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. W. Woodhewer M. D.
 (Address) 470 West Walnut St

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.

WHILE LIVING, WITH CERTAIN INTERESTS IS A PERMANENT RECORD

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