

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.

JUN 27 1935

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

Do not use this space.

17429

1. PLACE OF DEATH

County Platte Registration District No. 693
Township Preston Primary Registration District No. 5920
City (No.) St. Ward

2. FULL NAME

Claud William Crow
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Maudie Wright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber
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) Mayville Mo.

13. NAME William Crow

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

15. MAIDEN NAME Martha Lamb

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

17. INFORMANT (ADDRESS) Maudie Wright
Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE # 009 Cem. Smithville DATE May 21 1935

19. UNDERTAKER (ADDRESS) J. A. McComas
Smithville, Mo.

20. FILED 6-8 1935 Turan Collins Had
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1935
22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1935 to May 26 1935
I last saw her alive on May 25 1935. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation None Date of None
What test confirmed diagnosis? Exam 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) W. E. Spelman, M. D.
(Address) Smithville, Mo.

