

SEP 18 1935

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

Do not use this space.

25723

1. PLACE OF DEATH

County Dexter Registration District No. 89

Township Poplar Bluff Primary Registration District No. 3007

City Poplar Bluff (No. P.B. Map)

File No. _____

Registered No. 162

St. _____ Ward _____

2. FULL NAME

Lawrence A Crow

(a) Residence, No. Campbell Mo 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Crow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1896

7. AGE YEARS 39 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maquiloring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Pressing

10. Date deceased last worked at this occupation (month and year) 3-1 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME J. A. Crow

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

15. MAIDEN NAME Mary Ann Hooper

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

17. INFORMANT Mother (ADDRESS) Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 8/27 1915

19. UNDERTAKER Landers Funeral Home (ADDRESS) Campbell Mo

20. FILED Aug 27 1935 Obdutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-18 1935, to Aug 25 1935.

I last saw him alive on Aug 25-1 1935. Death is said to have occurred on the date stated above, at 2:30 PM.

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

Perforated Duodenum Date of onset 8-17-35

Peritonitis & pneumonia 8-19-35

Name of operation Spinal Date 8-18-35

What test confirmed diagnosis? aut. Was there an autopsy? yes

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? _____ If so, specify _____

(Signed) M. H. ... M. D.

(Address) John B. ...

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.

