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.

OCT 17 1935

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

Do not use this space.

28748

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 943
City St. Joseph, (No. 915 Richardson Street St. Ward)

2. FULL NAME Edward William Crogan
(a) Residence, No. 915 Richardson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 73 yrs. 3 mos. 3 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rickie Crogan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June.7.1862.

7. AGE: YEARS 73 — MONTHS 3 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster (Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employee
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 39 Yrs

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

FATHER
13. NAME: John Crogan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Elizabeth Gallaher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Mrs. Robert Rosenhoover, 915 Richardson Street

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE Sept. 12 1935

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

20. FILED 9-11-1935 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep 8, 1935, to Sep 10, 1935.
I last saw him alive on Sep 7, 1935. Death is said to have occurred on the date stated above, at 12/45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	[illegible]

Other contributory causes of importance:

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, 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) John J. Brown, M. D.
(Address) St. Joseph Mo