

OCT 30 1935

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 290
Township Independence Salem Primary Registration District No. 5408
City (No. _____) _____ St. _____ Ward _____

29175

File No. _____
Registered No. 69

2. FULL NAME

Lewis Crews

(a) Residence, No. _____ 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 08 23

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

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) Penn.

13. NAME John Crews

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Georgia Crews (ADDRESS) Smith St. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Cem DATE Sept 24, 1935

19. UNDERTAKER W. Daniel Funeral Service Inc (ADDRESS) 1200 1/2 W. 220

20. FILED 10-10 1935 H. W. Spide, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1935

22. I HEREBY CERTIFY That I attended deceased from Unattended by Physician, 1935

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11 P. m.

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

as a result of stab wounds received by the hand of Harry Willie Taylor with felonious intent

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 22, 1935

Where did injury occur? Dunklin County Station Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury Rifle wound

Nature of injury Penetrating the right lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. J. Digdon Coroner, M. D.(Address) Kennett, Mo.

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.

