

OCT 25 1935

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

Do not use this space.

30261

1. PLACE OF DEATH

75 County Oregon Registration District No. L32
Township Thayer Primary Registration District No. 5834
City (No.) St. Ward)

File No.

Registered No. 24

2. FULL NAME

J. W. 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 10 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 12

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

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) Oregon Co Mo13. NAME Alford Crews14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Homer Crews (ADDRESS) Thayer Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Cem DATE 9 23 3519. UNDERTAKER None (ADDRESS)20. FILED Sept 25 1935 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 22 3522. I HEREBY CERTIFY, That I attended deceased from Sept 4 1935 to Sept 22 1935I last saw him alive on Sept 15 1935. Death is said to have occurred on the date stated above, at 8:30 AM

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

Chronic Intermittent Nephritis Date of onset Feb 1935Other contributory causes of importance: 101

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? 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) J. W. Crews, M. D.(Address) Thayer Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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