

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

Do not use this space.

FEB 19 1936

875

1. PLACE OF DEATH

County Lascomade
Township
City Owensville (No.)

Registration District No. 306
Primary Registration District No. 4154

File No.
Registered No. 1 St. Ward)

2. FULL NAME

Paradine Crowder

(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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Samuel Crowder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Rosched mo

13. NAME F. W. Slinkman

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Rosa Mae Crowder Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 1-19-1936

19. UNDERTAKER (ADDRESS) W. F. Gottenstroeter Owensville Mo

20. FILED 1-28 1936 J. J. Farrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1936 to Jan 17 1936
I last saw her alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 1:30 m.

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

Broncho pneumonia 1-17-36
Influenza 1-15-36

Other contributory causes of importance:
Chronic myocarditis with cardiac decompensation about 1934

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) E. J. Jump M. D.
(Address) Owensville, Mo

Wm. L. L. L.