

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

Do not use this space.

1251

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. The Walnuts) St. _____ Ward _____

File No. _____
Registered No. 104

2. FULL NAME Frank Grant Crowell

(a) Residence, No. The Walnuts 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Renee Crowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1870

7. AGE YEARS 65 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas

13. NAME John Crowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. Frank G. Crowell
The Walnuts

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Hill Cem DATE Jann. 9 1936

19. UNDERTAKER (ADDRESS) Stine & McClure
3255 Gillham Plaza

20. FILED Jan 8 1936 M. M. Crowell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Jan 8 1936
I last saw him alive on Jan 8 1936 Death is said to have occurred on the date stated above, at A. m. 4:30

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

Tuberculous pneumonia Date of onset _____

Other contributory causes of importance: 100

Chilling of body surface

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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) P. T. Bohan, M. D.
(Address) Met. Arts Bldg. Kansas

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

