

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

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

Do not use this space.

2289

1. PLACE OF DEATH

County *new moduel*
Township *Litbourn*
City *Litbourn* (No.)

Registration District No. *274*
Primary Registration District No. *4063*

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1862 Dec 28*

7. AGE YEARS *72* MONTHS *4* DAYS *4* IF LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
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) *Kennewick Ky.*

13. NAME *M. Kinsey Crowens*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unk*

15. MAIDEN NAME *Unk*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unk*

17. INFORMANT (ADDRESS) *L. B. Crowens Litbourn Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mounts* DATE *Jan 3* 19*36*

19. UNDERTAKER (ADDRESS) *Richards and Co., new moduel*

20. FILED *Jan 9, 1936 E. E. Jones Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2*, 19*35*

22. I HEREBY CERTIFY That I attended deceased from *Sept 1*, 19*35* to *Jan 2*, 19*36*

I last saw her alive on *Jan 2*, 19*36* Death is said to have occurred on the date stated above, at *11:00 P.M.*

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

Myocarditis Date of onset

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? *Clinical* 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?

If so, specify

(Signed) *E. E. Jones*, M. D.

(Address) *Litbourn Mo*

