

MAR 18 1936

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

Do not use this space.

5368

1. PLACE OF DEATH

County Franklin Registration District No. 296
Township Union Primary Registration District No. 4180
City Union (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME Robert Dean Crow

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
- 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Union
(STATE OR COUNTRY) Missouri

13. NAME Herman J. Crow

14. BIRTHPLACE (CITY OR TOWN) St. Clair
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Isal I. Cochran

16. BIRTHPLACE (CITY OR TOWN) Eilene
(STATE OR COUNTRY) Iowa

17. INFORMANT Herman J. Crow
(ADDRESS) Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL Union Cemetery
PLACE Union, Mo. DATE Feb. 15, 1936

19. UNDERTAKER Union Furn. Co. (W.H. Horn)
(ADDRESS) Union, Missouri

20. FILED 3/5 1936 John R. Marshall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-13-36, 1936, to _____, 19____
I last saw him alive on 2-13-1936 Death is said to have occurred on the date stated above, at 5:40 am.
The principal cause of death and related causes of importance were as follows:

acute Broncho-pneumonia Date of onset 2-10-36

Other contributory causes of importance:
1. Malnutrition
2. Creosote 7-8 month.

Name of operation none Date of none
What test confirmed diagnosis? Examination 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) Louis J. Howe, M. D.
(Address) Union, 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.

