

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.

MAY 23 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County NewtonRegistration District No. 611Township SenecaPrimary Registration District No. 4365City Seneca(No.     )St.     Ward     2. FULL NAME Blaine Dale 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14 - 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>19</u>
		If LESS than 1 day, <u>    </u> hrs. or <u>    </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>    </u>
	11. Total time (years) spent in this occupation <u>    </u>

12. BIRTHPLACE (CITY OR TOWN) <u>Seneca</u> (STATE OR COUNTRY) <u>Missouri</u>
---

13. NAME <u>Amey Crowder</u>
------------------------------

14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>    </u>
---

15. MAIDEN NAME <u>Pauline Comstock</u>
---

16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>    </u>
---

17. INFORMANT <u>Amey Crowder</u> (ADDRESS) <u>Seneca Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hart Cemetery</u> DATE <u>May 14</u> 19 <u>36</u>
---

19. UNDERTAKER <u>W. B. Buzzard</u> (ADDRESS) <u>Seneca Mo.</u>
--

20. FILED <u>May 9 1936</u> <u>Merle Sparlin</u> Registrar.
--

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 193622. I HEREBY CERTIFY That I attended deceased from Apr 28 1936 to May 3 1936I last saw him alive on May 3 1936 Death is saidto have occurred on the date stated above, Seneca Mo.

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

Date of onset     ErysipelasOther contributory causes of importance: 15Name 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?     If so, specify     (Signed) W. B. Buzzard, M. D.(Address) Seneca Mo.

