WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 27 1936

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

1. Do not use this space.

20136

File No.
Registered No.

1. PLACE OF DEATH

County: Reynolds — Registration District No.: 748
Township: Logan — Primary Registration District No.: 5982
City (No. St. Ward)

2. FULL NAME: James Filmore 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia F. Crow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1856

7. AGE: Years 79 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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

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

FATHER

13. NAME: James B. Crow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

MOTHER

15. MAIDEN NAME: Pamelia —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk.

17. INFORMANT (ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Ellington Cem. DATE: May 8, 1936

19. UNDERTAKER (ADDRESS): White, Doniphan, Mo.

20. FILED: May 11, 1936 Essie Evans, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1936, to May 7, 1936
I last saw h~~im~~ alive on May 6, 1936. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstial Nephritis	2-25-1931

Other contributory causes of importance:

Arterio Sclerosis	2 yrs

Name 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) A. F. Burg, M. D.
(Address) Ellington, Mo.