

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

SEP 21 1936

Do not use this space.

2: a.m.

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1. PLACE OF DEATH

County Douglas  
Township Lincoln  
City Lincoln (No.       )

Registration District No. 1075  
Primary Registration District No. 5381

26106  
File No.         
Registered No.        St.        Ward       

2. FULL NAME

William Henry Crowl

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

Length of residence in city or town where death occurred 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1854

7. AGE YEARS 81 MONTHS 10 DAYS 9 If LESS than 1 day,        hrs. or        min.

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) (STATE OR COUNTRY) Oregon

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Gladys Arbuthnot

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonwheel Cem. DATE 7-28-36

19. UNDERTAKER (ADDRESS) Clint Kingbeard

20. FILED Aug 15, 1936 J. D. Aid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-19-, 1936, to 7-20-, 1936

I last saw him alive on 7-20-36, 1936. Death is said to have occurred on the date stated above, at 2 m.

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

Uremia Date of onset       

Other contributory causes of importance:

Cardiac Failure  
Hypertension

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       

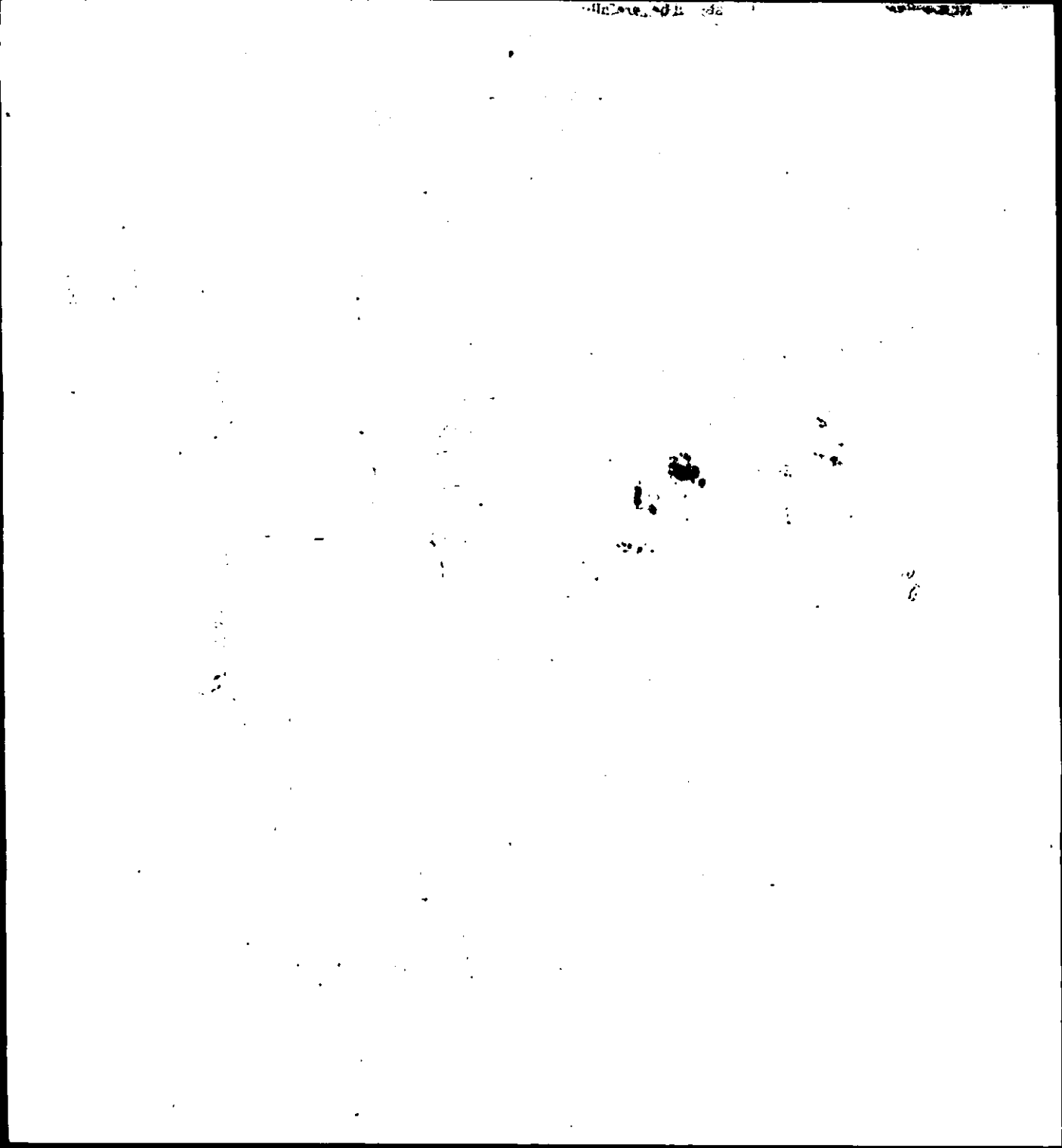
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify       

(Signed) M. C. Bentley, M. D.

(Address)



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

Do not use this space.

**1. PLACE OF DEATH**

County Brown  
Township Linden  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 1075  
Primary Registration District No. 5381

File No. 26106  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Crowl

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 10 9

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 19\_\_ J. H. Ail Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1936

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Uremia

Date of onset

Other contributory causes of importance:

Cardiac failure  
essential hypertension  
chronic nephritis

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) M. C. Hunter, M. D.

(Address) awa map

S-26106

SECRET