OCT 21 1936

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

Do not use this space.

File No. 35470
Registered No. 104

1. PLACE OF DEATH
County St. Louis
Township Creve Coeur
City Webster Groves (No. 31 Summit Place St. Ward)
Registration District No. 788
Primary Registration District No. 4471

2. FULL NAME John P. Crosby
(a) Residence, No. 31 Summit Place 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~~) Ella Crosby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1852

7. AGE: Years 83 | Months 10 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor
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) Wisconsin

FATHER
13. NAME Lendall Crosby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT L. C. Crosby
(ADDRESS) 4212 John Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Memorial Park DATE Sept. 26, 1936

19. UNDERTAKER Arthur Lill
(ADDRESS) 2707 N. Grand Blvd. St. Louis

20. FILED 9-25-36 Giles R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. - 1935, to Sept. 23 - 1936
I last saw him alive on Sept. 22, 1936. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Other contributory causes of importance:	
Duodenal Ulcer	1934

Name of operation None Date of
What test confirmed diagnosis? None 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) L. W. Hauck, M. D.
(Address) 1722 Olive

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.

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

MOM-3-28-35