

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.

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

Do not use this space.

NOV 4 1936

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Ma (No. Barnes Hospital)..... St. .... Ward)

36213

File No.....  
 Registered No. **9890**

**2. FULL NAME** Lacy Ervin Crabtree

(a) Residence, No. 1303 Geyer Ave St. 23 Ward. (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 Anna Crabtree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
43 Unknown Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

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) North Carolina (STATE OR COUNTRY)

13. NAME Frank Crabtree

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

15. MAIDEN NAME Sarah Crabtree

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

17. INFORMANT Anna Crabtree (ADDRESS) 1303 Geyer St

18. BURIAL, CREMATION, OR REMOVAL PLACE Durham, N. C. DATE October 1, 1936

19. UNDERTAKER Wm. C. Maydell (ADDRESS) 1926 Algonquin

20. FILED OCT 1 1936 J. H. Beedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8-1936, to 9-30-1936

I last saw him alive on 9-30-1936 Death is said to have occurred on the date stated above, at 1:00 a. m.

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

Pulmonary embolus  
Empyema, chronic, it  
operated on for empyema  
and non tuberculated

Other contributory causes of importance:

Thrombosis in iliac veins

Name of operation Cautery Pneumotomy Date of August  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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. Russell Smith M. D.  
 (Address) BARNES HOSPITAL

