

NOV 16 1936

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

Do not use this space.

37865

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 100
(No. Research Hospital)

File No. 4730
Registered No. 4730 Ward

2. FULL NAME

CLARENCE EDWARD CRAUSBY

(a) Residence, No. 722 Ward Parkway St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to Oct 26, 1936.
I last saw him alive on Oct 25, 1936 Death is said to have occurred on the date stated above, at 5:10 A m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1884
7. AGE YEARS 54 MONTHS 2 DAYS 29
If LESS than 1 day, hrs. or min.

Myocarditis
Date of onset

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

Other contributory causes of importance:
Nephritis
Chronic Ulcerative Pulmonary Tuberculosis

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

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

13. NAME Augusta Crausby

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

15. MAIDEN NAME Mary Scott

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

17. INFORMANT Mrs. Velma Crausby
(ADDRESS) 722 Ward Parkway, Kansas City, Mo.

18. BURIAL PLACE Mt. Moriah Cemetery
Kansas City, Mo. DATE October 28, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Oct 27, 1936 M. M. Larowe
Registrar.

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? No
If so, specify.....
(Signed) Sp. R. Kees, M. D.
(Address) 934 Ogden Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

VI-2277
L. J. ...
ST. ...

FEB 20 1958

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No. *Research Hospital* Registered No. *4722*
 City..... (No. St. Ward)

2. FULL NAME

Clarence Edwin Crausby
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 26, 1936*

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

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

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

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

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

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

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.....

Chronic Myocarditis Date of onset.....
23

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

Other contributory causes of importance:
Chronic Ulcerative Pulmonary Interstitial Disease of the Kidneys
Arteriosclerosis - atherosclerosis
 Name of operation..... Date of.....

13. NAME.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS).....

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

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

19. UNDERTAKER (ADDRESS).....

If so, specify..... (Signed)....., M. D.

20. FILED *10/27, 1936* Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

37865

1947 FEBRUARY 11