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

JAN 20 1937

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. Iron Gates St. Ward)
Registration District No. 411
Primary Registration District No. 2002
File No. 45217
Registered No.

2. FULL NAME Donald Rogers Crenshaw
(a) Residence, No. Iron Gates 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1936
7. AGE YEARS — MONTHS 2 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Joplin MO.

FATHER
13. NAME Donald Crenshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO.

MOTHER
15. MAIDEN NAME Mary Townsend
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queenweg MO

17. INFORMANT (ADDRESS) Donald Crenshaw Joplin MO.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Park DATE 12-31-36
19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin MO
20. FILED 12-31, 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 30 36
22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Dec. 30, 1936
I last saw him alive on Dec. 30, 1936. Death is said to have occurred on the date stated above, at 10-30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute lobar pneumonia (Both lungs)
Date of onset
Other contributory causes of importance:
Influenza)
Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) W. B. Chapman, M. D.
(Address) Joplin, Missouri