

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

Do not use this space.

47402

JAN 27 1937

**1. PLACE OF DEATH**

County Polk Registration District No. 1  
 Township Reedbury Primary Registration District No. 1  
 City Reedbury (No. 1) St. Mo. Ward 1

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

William D. Crews  
 (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**

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) July 31, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 4 029

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Evening Shade Mo.

MOTHER FATHER 13. NAME Donald Crews

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

15. MAIDEN NAME Lulu M. Miller

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

17. INFORMANT (ADDRESS) Ed Crews

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Hollow Cem. DATE Dec 30, 1936

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 12-30 1936 R. B. Lilly Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936 to Dec 30, 1936

I last saw him alive on Dec 4, 1936 Death is said to have occurred on the date stated above, at 6 A.M.

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

Epileptic  
Remittent  
 Date of onset 1932

Other contributory causes of importance: Chronic 1935 Jan

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) H. B. Reed M. D.  
 (Address) Reedburg, Mo.

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.

