

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.

FEB 17 1937

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

Do not use this space.

921

1. PLACE OF DEATH
37 County Linn Registration District No. 318
3 Township..... Primary Registration District No. 2001
5 City Springfield Mo (No. Large Hospital) St. Ward)

2. FULL NAME Mrs. Davis E. Crabtree

(a) Residence, No. St. Ward. Urbana Mo
(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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 - 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>✓ 24</u>	<u>25</u>	<u>10</u>	<u>27</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Hickory Co. Mo.

13. NAME J. W. Locke

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

15. MAIDEN NAME Faye Bowers

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

17. INFORMANT Clarence Crabtree
(ADDRESS) Urbana Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowers Chapel DATE 1-4

19. UNDERTAKER F. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED Jan 2 1936 Chas. A. Green Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Jan 2 1937
I last saw her alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Lobar Date of onset 12-23

Other contributory causes of importance:
Frequent
Obstructive Pulmonitis
non-malignant
Name of operation Pneumectomy Date of 12-26-36
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), specify also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city, town, county, and State)
Specify whether injury occurred by injury, 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 Key fracture by
(Signed) Dr. J. H. ... M. D.
(Address) State 18 519 Kellie Bldg

