

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

Do not use this space.

FEB 8 1937 **791**

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 5839 Etzel Ave.)

Registration District No. 791
Primary Registration District No. 1008

File No. 4045
Registered No. 1088
St. _____ Ward _____

2. FULL NAME

Nora Alice Crow

(a) Residence, No. 5839 Etzel Ave. St. 5 Ward 1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1st, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 2 00

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) Missouri

13. NAME S. A. Buxton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Prentice A. Crow
(ADDRESS) 5839 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE Jan. 25th 1937

19. UNDERTAKER Drehmann Varal
(ADDRESS) 1905 Union Blvd.

20. FILED 1008 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Jan 23 1937
I last saw her alive on Jan 23 1937. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Other contributory causes of importance:
107

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ne 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 John M. Buppel
(Signed) _____ M. D.

(Address) 1649 1/2 W. Washington

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.

44 1/2 Washington

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before 9 am min