

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis

FEB 8 1937

Registration District No.

Primary Registration District No.

(No. 2815)

Shrotdian

File No. 4300

Registered No. 1364

St. Ward)

2. FULL NAME James Crowder

(a) Residence, No. 2815 Shrotdian St., 21 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Linsler Co. Ind

FATHER 13. NAME Henry Robinson

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

MOTHER 15. MAIDEN NAME Phillis Ball

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

17. INFORMANT ollie Crowder (ADDRESS) 2815 Shrotdian ave

18. BURIAL, CREMATION, OR REMOVAL PLACE WAK. GROVER SA Bldg 1-27 37

19. UNDERTAKER W. T. Budoff Welfar (ADDRESS) 2907 Standard St

20. FILED JAN 30 1937 J. J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1937, to 1-14, 1937. I last saw him alive on 1-14 1937 at 7:40 P m. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Other contributory causes of importance: no

Name of operation no 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. none

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John A. Williams M. D. (Address) 2617 1/2 Franklin ave

N. B.—Every item of information should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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