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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Hackson — Registration District No. 399 — File No. 15357

Township Kaw — Primary Registration District No. 1002 — Registered No. 1903

City Kansas City, Mo. (No. 16th St. Betw. Crystal & Eastern 7 St. ..... Ward)

2. FULL NAME Henry Clay Crosswhite

(a) Residence, No. 17th & Tildon (Fairmont) St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Lora May Williams Crosswhite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/13/1878

7. AGE: YEARS 59 — MONTHS 11 mo — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rock quarry
10. Date deceased last worked at this occupation (month and year): 4/20/37
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barnett, Mo.

FATHER

13. NAME: John McClellan Crosswhite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Anna Elizabeth Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kyl

17. INFORMANT (ADDRESS): John C. Crosswhite (son) 29th & Windsor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park Cem. DATE 4/23/37, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home 6606 Indep. Ave. K. C. Mo.

20. FILED Apr 22, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/21/37, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 to ....., 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:49 a.m.

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

Contusions of the head and chest
Fractures of rib
Hemorrhage of the lung

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/21/37

Where did injury occur? Jackson Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Do not know.

Manner of injury Do not know.

Nature of injury Found dead in tool shed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]