

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
 County 3971 Cook Registration District No. 791
 Township Louis Primary Registration District No. 1003
 City Louis (No. 3971, Cook Ave) St. 11 Ward
 Registered No. 18824
 Registered No. 5400 St. Ward

2. FULL NAME Henry Crews
 (a) Residence, No. 3971, Cook St. 11 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 Male 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) Ida Crews
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1871
 7. AGE YEARS 66 MONTHS 2 DAYS 70 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. labor
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-37
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:23 P.M.
 The principal cause of death and related causes of importance were as follows:
gun shot wound in the right temple and also in left breast, self inflicted, self inflicted at his residence on May 27, 1937, at about 10:23 PM
 Other contributory causes of importance:
suicide
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Mo
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Jane Jessing
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Ida Crews
 (ADDRESS) 3971 Cook Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE May 1 1937
 19. UNDERTAKER Manuel and Co
 (ADDRESS) 4059 Finney Ave
 20. FILED 3 408 19 37
J. Bredeck Registrar.

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? suicide Date of injury May 27, 1937
 Where did injury occur? Louis Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury gun shot wound
 Nature of injury hemorrhage
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Alfred Perry
 (Address) Deputy Coroner

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.

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