

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

Do not use this space.

JUNE 1 1937

20015

1. PLACE OF DEATH

County Chester

Registration District No. 318

File No. 0358

Township Springfield

Primary Registration District No. 2001

Registered No. 0358

City Springfield

No. Pythian Home

St. 9 Ward

2. FULL NAME

Isaac Albert Crenshaw (Crenshaw)

(a) Residence, No. Pythian Home St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 10 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 Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 78 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller & Grain Merchant
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) Charleston, Mo

13. NAME Joseph C. Crenshaw

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

15. MAIDEN NAME Martha Bridwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Washington Ky.

17. INFORMANT (ADDRESS) E. A. Gay

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE May 7 1937

19. UNDERTAKER (ADDRESS) G. C. Thieme

20. FILED May 5 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to May 5th, 1937

I last saw him alive on May 5th, 1937. Death is said to have occurred on the date stated above, at 8³⁰ A. M.

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

Acute Angina Pectoris Date of onset 5-37

Other contributory causes of importance: Overexertion of Heart

Name of operation Exam Date of
What test confirmed diagnosis? Exam 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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) William R. Beatie, M. D.
(Address) Med. Sch. Bldg
Springfield Mo

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.

1918