

JAN 17 1938

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

Do not use this space.

44204

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ross Primary Registration District No. 1002
City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

File No. _____
Registered No. 5107

2. FULL NAME Joseph Turner Crabtree

(a) Residence, No. 4 North 12 St. St. _____ Ward Kansas City, Kansas
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle B. Crabtree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman-Kansas City Southern R.R.

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) Nov. 1937 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Tennessee

13. NAME James M. Crabtree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Tennessee

15. MAIDEN NAME Tennessee True

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Tennessee

17. INFORMANT Mrs. Myrtle Crabtree
(ADDRESS) 4 North 12 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 12/20, 1937

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED Dec. 20 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Dec. 17, 1937

I last saw him alive on Dec. 16, 1937. Death is said

to have occurred on the date stated above, at 2:50 A.M.

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

Atherosclerosis dissecting aneurysm - ruptured!
Hemorrhage
No

Other contributory causes of importance:

Unstable angina pectoris 11/20/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? Yes

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) C. J. Henshaw, M. D.

(Address) 800 Ogden Bldg.

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.

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