

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

Do not use this space.

3119

1. PLACE OF DEATH
 County Jasper 49 Registration District No. 411
 Township Madame Primary Registration District No. 2002
 City Joplin Mo (No. 5) Freeman Hospital St. _____ Ward) _____
 2. FULL NAME Mr Ernest Crow 600
 (a) Residence No. Galena R #2 to St. _____ Ward. Galena Kan
 (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. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs Nancy Crow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-Nov-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 10. Date deceased last worked at: this occupation (month and year) Nov 8-1937 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Fairfax (STATE OR COUNTRY) Mo

13. NAME John K. Crow

14. BIRTHPLACE (CITY OR TOWN) Pike County (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna E. Lafferty

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

17. INFORMANT Oacif Crow (ADDRESS) Lawell Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Joplin Mo DATE 11-12-37

19. UNDERTAKER Boice Undertaking (ADDRESS) Galena Kan

20. FILED 1-14-38 Ed B. Jones Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-10 1937, to 11-10 1937
 I last saw him alive on 11-10 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

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

Toxemia from acute urinary suppurasion Date of onset 11-9-37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Ed B. Jones, M. D.

372 (Address) Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH