

REC'D APR 11 1938

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

9176
Do not use this space.

1. PLACE OF DEATH

(a) County Enroute To Homer Phillips Hosp. Registration District No. 791
(b) Township..... Primary Registration District No. Registered No. 1003
(c) City St. Louis, Mo. (d) Street No. Enroute to Homer Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clive Crockett 623
(a) Residence, No. 1419 Papin St. St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Annie Mae Crockett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1895

7. AGE YEARS. MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) Houston
(STATE OR COUNTRY) Miss.

FATHER 13. NAME John Crockett
14. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

17. INFORMANT John Crockett
(ADDRESS) 1419 Papin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston, Miss. DATE 3/23/38

19. FUNERAL DIRECTOR E. L. Garner
(ADDRESS) 2829 Washington Ave.

20. FILED MAR 23 1938 19..... J. D. Braden
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th 1938

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 9:30 A.M.

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

Pulmonary Tuberculosis;
Pulmonary Hemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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..... See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) Frank Brady, M. D.
(Address)

