REC'D JUN 9 1938

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

17828
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 86
(b) Township Wayne Primary Registration District No. 5128 Registered No. 27
(c) City (d) Street No. 1 Mi. W. DeKalb, Mo. 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Sherman Crowe, 60?
(a) Residence, No. 1 Mi. W. DeKalb, Mo. R.F.D. # 2, St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mary Mildred Crowe,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer-Auctioneer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) April 1933. 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri, 0 1

FATHER
13. NAME William Crowe, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER
15. MAIDEN NAME Elizabeth Frakes,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri,

17. INFORMANT Mrs. Wm S. Crowe
(ADDRESS) R.F.D. # 2, DeKalb, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bethel Cem. DATE May 2nd 1938

19. FUNERAL DIRECTOR Keaton-Bigelow-Bowen
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED May 2 1938 Myrtle M. Hansen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1938, to Apr. 30, 1938
I last saw him alive on Apr. 30, 1938. Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1938

Other contributory causes of importance: Uremia

Name of operation — Date of —
What test confirmed diagnosis? Usual Clin. 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) E. B. McAdow, M. D.
(Address) DeKalb Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Apr 30/

L. E. No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)