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

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No. 19[illegible]6
Township Thayer — Primary Registration District No. 5834 — Registered No. 22
City Thayer (No. ..... St. ..... Ward)

2. FULL NAME Ursla May Crews 620
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Com Crews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1898
7. AGE YEARS 39 MONTHS 9 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Oregon Co. Mo. 0

FATHER
13. NAME Rufus Childers 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo 1

MOTHER
15. MAIDEN NAME Harriet Ella Wiggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Com Crews Thayer Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloah DATE 5/16-38 19
19. UNDERTAKER (ADDRESS) Leo Carr Thayer Mo.
20. FILED May 16 1938 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1938, to 5-15, 1938
I last saw her alive on 5-15, 1938 Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5-15-38
Other contributory causes of importance: Compound comminuted fracture of left tibia & fibula	5-9-38

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? .....
If so, specify .....
(Signed) S W Cooper, M. D.
(Address) Thayer Mo

FEB 21 1947

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Oregon - Registration District No. 632 - File No. 19066 -

Township: Primary Registration District No. Registered No.

City: (No. , St. Ward)

2. FULL NAME Ursla May Crews -

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M -

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	9	22 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 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 m.

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

	Date of onset
Coronary embolism	

Other contributory causes of importance:

Compound, comminuted fracture lt. tibia + fibula

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? Accident Date of injury May 9, 1938

Where did injury occur? On farm near home
Oregon County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Was kicked by horse

Nature of injury Ground comminuted fracture Rt tibia & fibula

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Cooper, M. D.

(Address) Thayer Mo -

SUPPLEMENTARY

RECEIPT FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.