

REC'D NOV 21 1938

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

34717

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 100
(c) City Jeanesville (d) Street No. McCain Hosp Registered No. 4053
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

260 Beatrice Yeager
(a) Residence, No. 704 1/2 E 15th St St. (If nonresident, give city or town and State)
(Usual place of abode if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1871
7. AGE YEARS 67 MONTHS 1 DAYS 29 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER 13. NAME James Crowell

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

MOTHER 15. MAIDEN NAME Bridgett Cavanaugh

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

17. INFORMANT Mrs E. E. Gilbert (ADDRESS) 704 1/2 E 15th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10-17-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. ...

20. FILED Oct 17, 1938 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-38

22. I HEREBY CERTIFY, That I attended deceased from 7-7-38 to 10-15-38

I last saw he alive on 10-15-38 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:

Fracture of femur
accidental fall in
June

Other contributory causes of importance: 1860 -

Hypostatic pneumonia

Name of operation Date of no

What test confirmed diagnosis? 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?

If so, specify

(Signed) P. F. De Maria, M. D.

(Address) apt 2 McCain Hosp

[Handwritten signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.