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.

REC'D NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Butler
Township Cash Hill
City Poplar Bluff (No. Route #4 St. Ward)
Registration District No. 90
Primary Registration District No. 3734A
File No. 35237
Registered No. 20

2. FULL NAME "Baby" Crow
(a) Residence, No. Poplar Bluff St., R#4 Ward.
(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., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1938
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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) Poplar Bluff, Mo R#4 0

FATHER
13. NAME Jack Crow 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas 0

MOTHER
15. MAIDEN NAME Goldie Stinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff, Mo R#4

17. INFORMANT (ADDRESS) C. C. Stinson Poplar Bluff, Mo. R#4
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hellis cem DATE Oct 28. 19
19. UNDERTAKER (ADDRESS) Phelps funeral home Poplar Bluff, Mo
20. FILED Oct 27 1938. Nora J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 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 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:
Breech presentation

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) J. Lester Harwell, M. D.
(Address) Poplar Bluff, Mo.