

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

RECD SEP 12 1939

28577
Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan Registration District No. 85
 (b) Township..... St. Joseph Primary Registration District No. 100 Registered No. 805
 (c) City..... St. Joseph (d) Street No. St. Joseph's Hospital 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alice Crowley

(a) Residence, No. 2415 Francis 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 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) Nov. 23, 1887.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	51	8	9	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
 9. Industry or business in which work was done, as saw mill, bank, etc. Empire Trust Co.
 10. Date deceased last worked at this occupation (month and year) July 1939. 11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Crowley
 14. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Feeney
 16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri.

17. INFORMANT John Crowley (ADDRESS) 2415 Francis St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE Aug. 4, 1939

19. FUNERAL DIRECTOR (NAME) H.O. SIDEN FADEN & SON (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 3 1939 H. J. Nuttlebaum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to Aug 2, 1939. I last saw her alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Lung
(Primary Left Breast Carcinoma removed Feb 1939)
 Date of onset Feb 1939
 Other contributory causes of importance: Secondary Anemia 50

Name of operation metastatic Left Lung Date of Feb 1939
 What test confirmed diagnosis? Feb 1939 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) Wm B. Rast, M. D.
85 (Address) Kirkpatrick Bldg

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.

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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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

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.