

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.

JAN 23 1941

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

Do not use this space.

1672

1. PLACE OF DEATH

County Barton Registration District No. H 1
Township Overath Primary Registration District No. 5762
City Liberal (No. 1) St. 1 Ward

2. FULL NAME

Rachel Crabb
(a) Residence, No. City St., 1 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Ralph Crabb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25, 1852</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>		11. Total time (years) spent in this occupation <u>60</u>
10. Date deceased last worked at this occupation (month and year) <u>1936</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Park, Co. Ind.</u>		
13. NAME <u>Park Glass</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Elizabeth Langford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Peter J. Crabb</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberal</u> DATE <u>Jan. 16, 1941</u>		
19. UNDERTAKER (ADDRESS) <u>Berkley Funeral Service, Mulberry, Kansas</u>		
20. FILED <u>Jan. 18, 1941</u> <u>H. Bell M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1940 to Jan 14, 1941
I last saw her alive on Jan. 12, 1941 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Date of onset 12/1/40

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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 fall

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. Bell M. D.
(Address) Liberal, Mo.

RECEIVED

District Health Officer No. 6

District File Number 141-158

Date Filed JAN 27 1944