

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED JUN 12 1942

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

Do not use this space.

18713

1. PLACE OF DEATH

County Phelps  
Township Washington  
City Halla

Registration District No. 677  
Primary Registration District No. 4901  
(No. 679) 5855

File No. \_\_\_\_\_  
Registered No. 60  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Halla Kansas 210 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) Mar 9 1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mds.  
1 19

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) Jerome Mo

MOTHER 13. NAME Harold Charles Crowder

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

15. MAIDEN NAME Mary E Brunkley

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

17. INFORMANT (ADDRESS) Jerome Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pillman Cem DATE Apr 30 1942

19. UNDERTAKER (ADDRESS) Halla Mo

20. FILED 5-12 1942 Kelly Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1942

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1942, to 4-28, 1942

I last saw him alive on 4/28/42 - 6:30 pm, 1942. Death is said to have occurred on the date stated above, at 8:30 pm.

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

Lobar pneumonia, left lung  
Other contributory causes of importance: 108

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 \_\_\_\_\_, 1942

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) Walter M. Taylor M. D.

(Address) Halla Mo

Reg License NO 3392

Not Embalmed

LeJohnson  
Newburg Mo.