

JAN 23 1920

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

Do not use this space.

40356

1. PLACE OF DEATH

County Henry Registration District No. 351  
Township Superior Primary Registration District No. 4268  
City Superior (No.     ) St.      Ward     

File No.       
Registered No. 24  
St.      Ward     

2. FULL NAME

Ellena Crowe  
(a) Residence. No.      St.      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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1920

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

17. I HEREBY CERTIFY That I attended deceased from      to     , 1920  
Had no instruction  
that I last saw h.      alive on     , 1920, and that death occurred, on the date stated above, at      m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)     

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,      hrs. or      min.  
89 9 12

Senility of age

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)       
(c) Name of employer     

162 164  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)       
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN)       
(STATE OR COUNTRY)     

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH:     

10. NAME OF FATHER Roafua Gley

8 DID AN OPERATION PRECEDE DEATH:      DATE OF     

11. BIRTHPLACE OF FATHER (CITY OR TOWN)       
(STATE OR COUNTRY)     

WAS THERE AN AUTOPSY?     

12. MAIDEN NAME OF MOTHER     

WHAT TEST CONFIRMED DIAGNOSIS?     

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)       
(STATE OR COUNTRY)     

(Signed) J. J. Hirsople, M. D.

Dec 13, 1920 (Address) Superior

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mr. Jessie Woman  
(Address)     

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fayer Chase's DATE OF BURIAL Dec 15 1920

15. FILED 14/12 18 J. J. Hirsople REGISTRAR

20. UNDERTAKER John Hunt ADDRESS     

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

