

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township North Larch
City (near) Wappapella

Registration District No. 840
Primary Registration District No. 6102

File No. 29470
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Matilde Francis Crowley

(a) Residence No. Wappapella, Mo. 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. 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) married

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

John Crowley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 3

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Richard Bright

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

12. MAIDEN NAME OF MOTHER Lavina Jones

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

14. INFORMANT Mrs Anna Smith
(Address) Wappapella, Mo.

15. FILED Aug 16, 1928 E L Hope

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 14, 1928, to Aug 15, 1928 (that I last saw him alive on Aug 15, 1928, and that death occurred, on the date stated above, at 4:30 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemic Malaria
38

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Page, M. D.
816, 1928 (Address) Lee's Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 1928

Harmony - Elsinore Aug 17 1928

20. UNDERTAKER ADDRESS
A. W. Green, Poplar Bluff, Mo.

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.

