

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

Do not use this space.

5276

934

1. PLACE OF DEATH

County Jackson
Township Kaw.
City Kansas City (No. 13248-37)

Registration District No. 398
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

W. M. Lee Crow
(a) Residence. No. 13248-37, St. 13 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 <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sup. H. Crow</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 24-1863</u> | | |
| 7. AGE <u>65</u> | YEARS <u>0</u> | MONTHS <u>3</u> |
| | | DAYS <u>3</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer.
(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)

Jacksonville Ark.

10. NAME OF FATHER

Stephen Crow

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

Dalton Georgia

12. MAIDEN NAME OF MOTHER

Tempie M. Boyd

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

Irish Georgia

14. INFORMANT (Address)

Howard M. Crow
64 Se. 28th St. Leas N. Y.

15. FILED

3/1 1930 M. M. Crow
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Thursday
16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-20-1930, to 2-27-1930, that I last saw him alive on 2-27-1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 hrs (duration) yrs. mos. 7 ds.
97
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 28 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

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

7/28 1930 (Address) 5-647 Cass

*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

Memorial Park DATE OF BURIAL Mar. 1 1930

20. UNDERTAKER

Clyde Funeral Home ADDRESS K. C. Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

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