

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

Do not use this space.

39519

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 300
Primary Registration District No. 7000
(No. 4223 Virginia)

File No. 400
Registered No. _____
St. _____ Ward _____

2. FULL NAME John Crothers

(a) Residence No. 4223 Virginia St. 15 Ward _____

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 13, 1930 that I last saw him alive on Dec 13, 1930, and that death occurred, on the date stated above, at 6:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 8, 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 10

my. chronic
93E
Chronic
100
(duration) 1 yrs. 6 mos. 0 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Oil Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Stroke (duration) 2 mos. 0 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Don't know

10. NAME OF FATHER Crothers

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER not known

WHAT TEST CONFIRMED DIAGNOSIS? lab. test signs
(Signed) E. A. Albers M. D.

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

17 19. 19 30 (Address) 710 Professional Bldg
*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 F. R. H. Richards
(Address) 4223 Virginia

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Crematory
Elmwood Cemetery 12-20 1930

15. FILED 12/19 1930 M. M. Crowe
REGISTRAR

20. UNDERTAKER Stine + McClure ADDRESS 3225
William Flagg

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

