113

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

Do not use this space.

12989

File No. 1

Registered No.

1. PLACE OF DEATH
County: Washington
Township: Johnson
City: (No. ..... St. ..... Ward)
Registration District No. 1103
Primary Registration District No. 6186

2. FULL NAME: Claud Collins Crow.

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: infant.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 9 1931
7. AGE: Years | Months | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Washington Co
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Fred J. Crow.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Washington Co Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Hilda Collins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Franklin Co Mo.
(STATE OR COUNTRY)

14. INFORMANT: Fred J. Crow.
(Address): Sullivan Mo.

15. FILED 3-25, 1931 L O Harmon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1931, to unknown death, 19..... that I last saw h. alive on Mar 15, 1931, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Obstruction and Circulatory
Congenital
Syphilis
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) very difficult labor,
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diag.
(Signed) J. P. Royse, M. D
, 19 (Address) Sullivan 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: Reddiville
DATE OF BURIAL: March 17 1931
20. UNDERTAKER: none
ADDRESS