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

Do not use this space.

18599

1. PLACE OF DEATH
4 County Audrain — Registration District No. 26 — File No.
4 Township Saltriver — Primary Registration District No. 3002 — Registered No. 73
7 City Mexico Mo, (No. ..... St. ..... Ward)

2. FULL NAME Rothwell Crews — Crews
(a) Residence. No. 408 E. Jackson St., 4th 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.

JUL 21 1932

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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mollie (Pfitzer) Crews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10 - 1876

7. AGE: Years 55 — Months 7 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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) Audrain Co. Mo.

PARENTS
10. NAME OF FATHER J. T. Crews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mollie C. Thorpmorton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.

14. INFORMANT Clay Crews
(Address) Mexico Mo. R.F.D.

15. FILED June 17, 1932 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1932

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 16, 1932, that I last saw him alive on June 16, 1932, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Acute cardiac dilatation
944
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mexico, Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) S. C. Brashear, M. D
6/16, 1932 (Address) Mexico, 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: Mexico Mo. — DATE OF BURIAL: June 17 1932
20. UNDERTAKER: McPheeters Bros — ADDRESS: Mexico Mo.