

APR 28 1933

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

5485

1. PLACE OF DEATH

County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 145

2. FULL NAME

Andrew Franklin Crews

(a) Residence, No. 209 East Jefferson Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Clemenza Crews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1859

7. AGE YEARS 73 MONTHS 4 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Chellie the (STATE OR COUNTRY) mo

MOTHER 13. NAME Benjamin F Crews

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

FATHER 15. MAIDEN NAME Zerelda Tims

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Clemenza Crews (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL Bethlehem DATE 2-26-33

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton mo

20. FILED 2/25 1933 Ed C. Paulov Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to Feb 25, 1933
I last saw him alive on Feb 24, 1933. Death is said

to have occurred on the date stated above, at 4:45pm.
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate metastasis to vertebrae Cystitis and intubine
53E

Date of onset Nov/31

Other contributory causes of importance: Chronic interstitial nephritis 1928
Situs inversus 1925

Name of operation none Date of _____
What test confirmed diagnosis? Sub work Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) S B Hughes, M. D.
Clinton, Mo.
(Address) _____

