

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 13
Township..... Primary Registration District No. 4010
City Savannah (No., St. Ward)

File No. 7665
Registered No. St. Ward)

2. FULL NAME Sarah Crosby

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 5 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) very to
of Ohio

13. NAME John Snow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known
un known

15. MAIDEN NAME Jane Timbliner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known
un known

17. INFORMANT J. B. Crosby
(ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak manville DATE 3-29 1934

19. UNDERTAKER E. G. Breit
(ADDRESS) Savannah Mo

20. FILED 3/28 W. A. R. King
1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 27 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1933, to March 27 1934
I last saw her alive on March 26 1934. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthenia Date of onset 1932

95B

97 95 E

Other contributory causes of importance:
Arteriosclerosis

(Name of operation none Date of

What test confirmed diagnosis: Physical 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) W. P. Kelley M. D.

(Address) Savannah Mo

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.

WRITE PLAINLY, WITH UNFADING INK, IN THIS SPACE.

252

1022

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AT WASHINGTON, D.C.

APRIL 24 1964

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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