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.

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

Do not use this space.

26896

SEP 29 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3571
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. MO. (No. 1510 E. 18 St. Ward)

2. FULL NAME Bessie Croslin
(a) Residence, No. 1510 E. 18 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Croslin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1910
7. AGE YEARS 26 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Maid
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) Okla

FATHER
13. NAME Henry Barrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex.

MOTHER
15. MAIDEN NAME Luevenia Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Luevenia Leigh 1222 N. Meade St. Wichita Ohio
18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita Kans DATE Aug 1 1936
19. UNDERTAKER (ADDRESS) Fannie L Meek 1707 E 18th Street
20. FILED 8-1 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 30 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw ..... Deputy Coroner 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Suicide)	
Carbolic Acid Poison	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-30, 1936
Where did injury occur? 1510-E-18 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Hotel 1510-E-18
Manner of injury
Nature of injury Phenol Poison

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lucian F. Richardson, M. D.
(Address) 1832 Vine