

AUG 19 1937

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

Do not use this space.

26743

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St Joseph(No. Mo)Primary Registration District No. 1001

File No.

Registered No. 831

St.

Ward)

2. FULL NAME John B Crosby

(a) Residence No.

(Usual place of abode)

St.

Ward.

Savannah mo
(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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Allice Crosby</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-26-1863</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>74</u> | <u>0</u> | <u>2</u> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>plumber</u> |
| | 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 <u>Ohio</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME William H Crosby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ohio15. MAIDEN NAME Sarah Snow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ohio17. INFORMANT Hellen Zimmerman18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 7-31-193719. UNDERTAKER E. J. Breit20. FILED 7-29-1937 H. J. Metherell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-193722. I HEREBY CERTIFY That I attended deceased from July 21, 1937, to July 28th, 1937
I last saw him alive on July 28th, 1937. Death is said to have occurred on the date stated above, at 4:00 p. m.

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

Carcinoma of Colon Date of onset 8/18/37

Other contributory causes of importance:

Obstruction - about July 18-1937Name of operation Ext. jejunum Date of July 21What test confirmed diagnosis? Open abd. Was there an autopsy? Yes

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. J. Egan, M. D.(Address) St Joseph mo

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.

FORM I X7254

