

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

10117
 Do not use this space.

1. PLACE OF DEATH 2

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112 Registered No. 59
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Crowley 640
 (a) Residence, No. P. O. # 6 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alexander Crowley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 - 1850
 7. AGE YEARS 87 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Missouri
 FATHER 13. NAME Henry McGee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) James Ryan
Columbia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo Cem. DATE 3-12-38
 19. FUNERAL DIRECTOR (ADDRESS) W. H. Vandeventer
Columbia Mo.
 20. FILED 3/11/38 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1938, to 3-10-9, 1938. I last saw her alive on 3-9, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Organic Heart trouble
Valvular disease. Date of onset _____
 Other contributory causes of importance: 92 W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) F. B. Williamson, M. D. 74
 (Address) Columbia Mo

STATEMENT BY LICENSED EMBALMER

W. H. Vanderweeter

Licensed Embalmer No.

2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. _____ or by _____

Registered Apprentice No.

working under my personal supervision.

Signed

W. H. Vanderweeter

Licensed Embalmer No.

2494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)