

REC'D JUN 10 1938

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

18517
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Thomas Henry Crowley 640
(a) Residence, No. _____ St. Springfield, Mo.
(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 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 Eunis Hansley Croley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd. furniture man
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) Tennessee

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs Eunis Crowley
Springfield Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 5-24-3819. FUNERAL DIRECTOR (ADDRESS) Ulmer Funeral Home
Carthage, Missouri20. FILED May 24, 1938 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____ to _____ 19____
I last saw him dead alive on May 20 1938. Death is said to have occurred on the date stated above, at 1:25 pm 5/20/38.
The principal cause of death and related causes of importance were as follows:

Fractured skull Date of onset _____

Other contributory causes of importance:

That by an Automobile on Highway 66, 5 mi. East of Carthage
Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/20/38
Where did injury occur? Jasper County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Automobile
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. J. Winchester, Physician
(Address) Jasper Mo.

