REG'D OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH
54 County Lafayette
Township
6 City Lexington Mo (No. ..... St. ..... Ward)

Registration District No. 461
Primary Registration District No. 3024

File No. 32582
Registered No.

2. FULL NAME Allen Crumell 654
(a) Residence, No. Lexington So. 6th 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 Male
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 Lizzie Crumell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 1863
7. AGE YEARS 75 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minor
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 17-yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aullville Mo. 0

FATHER
13. NAME Alex Crumell 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Martha Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Anna C. Burton, South 6 St
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE 9/3/38 19
19. UNDERTAKER (ADDRESS) Mrs. M. L. Hicks 116-2-9-St
20. FILED Sept 27 1938 Delia Bates Registrar. 890

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30--1938

22. I HEREBY CERTIFY, That I attended deceased from August 30th, 1938 to August 30, 1938
I last saw him alive on August 30----1938 Death is said to have occurred on the date stated above, at 5-5 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Duration of trouble about Ten Years

93C

Other contributory causes of importance:
Arteriosclerosis About Ten years

Name of operation None Date of ~~none~~
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) J. D. Ball, M. D.
(Address) Lexington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.