

REC'D APR 11 1939

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

10287  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township \_\_\_\_\_ Primary Registration District No. 3008 Registered No. 65  
(c) City Fulton (d) Street No. \_\_\_\_\_ 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 JANE (Yates) CREWS

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>DR. R. N. CREWS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 24, 1875</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSE WIFE</u>	
	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) <u>Callaway County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>WILLIAM YATES</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Callaway County</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>MARTHA TATE</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Callaway County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Sarah Crews</u> (ADDRESS) <u>Fulton, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillcrest Fulton</u> DATE <u>Mar. 6, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Glen Y. Mainpin</u> (ADDRESS) <u>700 Court St. Fulton, Mo.</u>		
20. FILED <u>Mar. 6, 1939</u> <u>R. N. Crews</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1939, to 3/4, 1939.  
I last saw her alive on 3/4, 1939 Death is said to have occurred on the date stated above, at 5:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Influenzal Pneumonia  
Chc. myocarditis  
Date of onset 3/3/39

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Henry W. D..., M. D.  
(Address) Fulton, Mo.

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**