

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

21499
Do not use this space.

1. PLACE OF DEATH *Boone* 1 Registration District No. *73*
 (a) County *Boone* 1 Primary Registration District No. *3006* Registered No. *119*
 (b) Township *Columbia* (c) City *Columbia* (d) Street No. *Madison Highway 40* - *1202* 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. da. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME *James Walter Crowley*
 (a) Residence, No. *1202 Highway 40* 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 *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 *Ellen Crowley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *MAY 3 - 1901*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 *1* *X*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Teacher*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Teacher*
 10. Date deceased last worked at this occupation (month and year) *May 2nd* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Columbia Mo*

FATHER 13. NAME *DAN Crowley* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co Mo*

MOTHER 15. MAIDEN NAME *Evelena Toalson* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boone Co MO*

17. INFORMANT (ADDRESS) *Ellen Crowley 1202 Hiway 40*

18. BURIAL, CREMATION, OR REMOVAL PLACE *MEMORIAL PARK* DATE *June 4th 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *T. O. Willett Columbia Mo*

20. FILED *6/3/ 1939* *Allie Selby Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 3rd 1939*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at *6:45 AM*.

The principal cause of death and related causes of importance were as follows:
22 Cal. Pistol Shot in Right Temple Accident

Other contributory causes of importance: *184 11A*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *June 2, 1939*
 Where did injury occur? *At Home - Columbia Mo*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *At Home*
 Manner of injury *22 Cal. Target Pistol*
 Nature of injury *Shot in Right Temple*

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *M. M. Toalson Crowley*
74 (Address) *DAN 9 ST*

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.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lynnan H. Sprunt

Licensed Embalmer, No. 4013

P. O. Address Columbia

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.