

SEP 1 1939

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

28447  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
(b) Township \_\_\_\_\_ Primary Registration District No. 3001  
(c) City Kirksville, Mo. (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ban Crabtree

(a) Residence, No. 501 N. Mulanix 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Idress Crabtree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Engineer  
9. Industry or business in which work was done, as saw mill, bank, etc. City of Kirksville  
10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo.

FATHER 13. NAME Joseph W. Crabtree

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

MOTHER 15. MAIDEN NAME Carrie Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler County Mo

17. INFORMANT (ADDRESS) Idress Crabtree Kirksville, Mo.

18. BURIAL CHURCH, OR REMOVAL PLACE Highland Park DATE 8-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Riley Kirksville, Mo

20. FILED Aug 23 1939 Spencer L Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1939, to 8-19, 1939

I last saw him alive on 8-19, 1939. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver

Date of onset 1938

Other contributory causes of importance:

Degenerative myocarditis

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? \_\_\_\_\_ 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) J. H. H. M. D., M. D.

(Address) Kirksville, Missouri

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.

RECEIVED

District Health Officer No. 10

District File Number 8'39-1574

Date Filed Aug 25, 1939

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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.**