

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

Do not use this space.

8027

1. PLACE OF DEATH

County Sta. Genevieve  
Township Sta. Gen.  
City St. Genevieve (No. 6400)

Registration District No. 780  
Primary Registration District No. 4466

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Timothy Nicholas Crowley

(a) Residence, No. St. Genevieve Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5<sup>th</sup> 1873</u>		
7. AGE	YEARS	MONTHS
	<u>66</u>	<u>7</u>
		<u>15</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Doctor</u>
	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) <u>Jan. 1940</u>
	11. Total time (years) spent in this occupation <u>30 years</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 13. NAME George Crowley 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Donald Stanton  
(ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Genevieve DATE Feb 24<sup>th</sup> 1940

19. UNDERTAKER W. J. Stanton  
(ADDRESS) St. Genevieve Mo

20. FILED Feb. 22, 1940 T.W. Douglas  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to Feb. 21, 1940

I last saw him alive on Feb. 21, 1940 Death is said

to have occurred on the date stated above, at 5:05 A.M.

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

Chronic Myocarditis Date of onset 1935

Other contributory causes of importance:

Chronic Nephritis 1937

Name of operation \_\_\_\_\_ 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

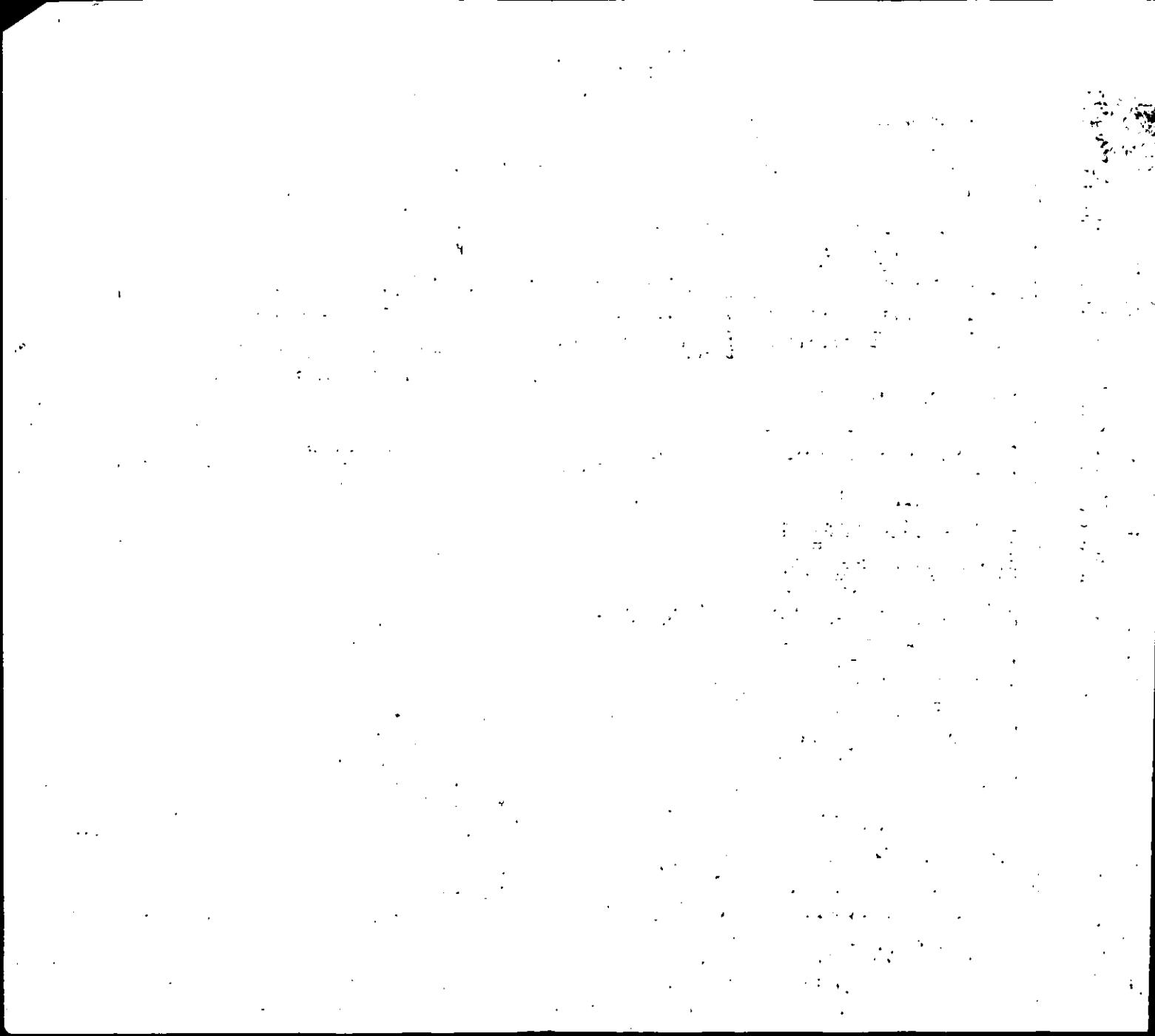
If so, specify \_\_\_\_\_

(Signed) Arthur E. Spencer, M. D.

70 (Address) St. Genevieve Mo

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.



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 8027

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County St. Genevieve  
 (b) City or town St. Genevieve  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... (Specify whether  
 years, months or days)

**3. (a) FULL NAME** Timothy Nicholas Crowley  
**3. (b) If veteran,** name war..... **3. (c) Social Security** No.....

**4. Sex** m **5. Color or** w **6. (a) Single, widowed, married,**  
 divorced 8  
**6. (b) Name of husband or wife**..... **6. (c) Age of husband, or wife, if**  
 alive..... years  
**7. Birth date of deceased**..... (Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>15</u>	ht..... min.

**9. Birthplace**..... (City, town, or county) (State or foreign country)  
**10. Usual occupation**.....  
**11. Industry or business**.....  
**MOTHER FATHER**  
 { **12. Name**.....  
 { **13. Birthplace**..... (City, town, or county) (State or foreign country)  
 { **14. Maiden name**.....  
 { **15. Birthplace**..... (City, town, or county) (State or foreign country)  
**16. (a) Informant**.....  
 (b) Address.....  
**17. (a)**..... (b) Date thereof.....  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation.....  
**18. (a) Signature of funeral director**.....  
 (b) Address.....  
**19. (a)** Feb 22/40 (b) T.W. Douglas  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County St. Genevieve  
 (c) City or town St. Genevieve  
 (If outside city or town limits write "RURAL")  
 (d) Street No..... (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... years.

**20. DATE OF DEATH** month Feb day 21  
 year 1940 hour..... minute..... M.  
**21. I hereby certify that I attended the deceased from**....., 19....., to....., 19.....;  
 that I last saw him..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

Due to.....	Duration
Due to.....	
Other conditions..... (Include pregnancy within 3 months of death)	PHYSICIAN Underline the cause to which death should be charged statistically.
Major findings: Of operations..... Of autopsy.....	

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work?..... (Specify type of place) (e) Means of injury.....  
**23. Signat** Alphus E. Sepanera M. D. or other)  
 Address St. Genevieve Date now

SUPPLEMENTARY

