

NOV 22 1935

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

Do not use this space.

33217

1. PLACE OF DEATH

County LaurieRegistration District No. 471

Township

Primary Registration District No. 4284City Pierceland (No. _____) St. _____ Ward _____File No. HRegistered No. 282. FULL NAME William Anderson Crumley

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1889</u>		
7. AGE <u>76</u>	YEARS	MONTHS
		DAYS
	IF LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Laborer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Ark.13. NAME Terrell Crumley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia15. MAIDEN NAME Rudie Wallraven16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia17. INFORMANT Josephine Crumley
(ADDRESS) Please City Ark.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorsucana DATE 9/27 193519. UNDERTAKER Wesley Funeral Home
(ADDRESS) Please City Ark.20. FILED Oct 25 1935 E. B. Knight
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1935 to Oct. 24 1935I last saw him alive on Oct. 23 1935. Death is saidto have occurred on the date stated above, at 7:45 a.m.

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

Angina Pectoris

Date of onset

6/23

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) E. B. Knight, M. D.(Address) Please City Ark.

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.

WHITE TRIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

