

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

Do not use this space.

17165

1. PLACE OF DEATH

County Jay Registration District No. 742
Township Baron Primary Registration District No. 5977a
City Fawson (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Kanev Crowley St. Ward
(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 DM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 50
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joseph Luther
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ether Babson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT W.D. Crowley
(Address) Fawson Mo.

15. FILED June 19, 1932 Edwin Shouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th 1932
17. I HEREBY CERTIFY, That I attended deceased from May 6th 1932 to May 10th 1932
that I last saw him alive on May 9th 1932, and that death occurred, on the date stated above, at 7:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11 B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11 B (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED 0
IF NOT AT PLACE OF DEATH 0

DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) Edwin Shouse, M. D.
, 19 (Address) Fawson Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fawson Mo. DATE OF BURIAL May 1932

20. UNDERTAKER W. War ADDRESS Fawson 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.

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