

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.

OCT 28 1932

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

Do not use this space.

30146

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ (Ward _____)
 2. FULL NAME Walter Allen Crowley
 (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>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Crowley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24 1877</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>11</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>		11. Total time (years) spent in this occupation <u>199</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>		
13. NAME <u>Washington Crowley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
15. MAIDEN NAME <u>Hariet Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>		
17. INFORMANT <u>Lucy Crowley</u> (ADDRESS) <u>Richmond Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo.</u> DATE <u>9/22/32</u> 19 <u>32</u>		
19. UNDERTAKER <u>E. M. Jordan</u> (ADDRESS) <u>Richmond Mo.</u>		
20. FILED <u>9-22</u> 19 <u>32</u> <u>W. E. Egan</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19/32, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1932 to 9-19- 1932
 I last saw him alive on 9-17- 1932 Death is said to have occurred on the date stated above, at 5:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Other contributory causes of importance: (none)
 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 _____, 1932
 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. C. Jay, M. D.
 (Address) Richmond Mo.

1951.02.10

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