

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

15130
Do not use this space.

DEED MAY 19 1939

1. PLACE OF DEATH

(a) County Boone Registration District No. 408
(b) Township Boone Primary Registration District No. 3020 Registered No. 74
(c) City Boone (d) Street No. Stones Memorial Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 301 N. Madison St. ☐ Webb City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Crown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

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

13. NAME Peter P. Crown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) William Emma Crown
Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE April 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hodge Nelson
Webb City, Mo.

20. FILED April 26, 1939 E. G. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939 to April 25, 1939

I last saw him alive on April 25, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Cholelithiasis
126

Other contributory causes of importance: Surgical shock

Name of operation Cholecystectomy

What test confirmed diagnosis? X-Ray 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

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) George W. Cox M.D.

(Address) Webb City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1053

Date Filed MAY 10 1939

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.....

E. M. Hedge
working under my personal supervision.

....., Registered Apprentice No.

Signed E. M. Hedge

Licensed Embalmer No. 2859

P. O. Address Me. City

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.