

1 PLACE OF DEATH  
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Registrar's No. 1176  
3536

COUNTY OF Tarrant

CITY OR PRECINCT NO. Ft. Worth No. \_\_\_\_\_ Street City-County Hospital  
If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. ? How long in U. S. if foreign born? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

2 FULL NAME OF DECEASED Mr. W. T. Crowell

RESIDENCE OF THE DECEASED No. 533 Street Grant St City \_\_\_\_\_ State \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Widowed Married Widowed Divorced  
(Write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Not Known

7. AGE 70 Years \_\_\_\_\_ Months \_\_\_\_\_ Days If LESS than 7 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or Town) (State or Country) Not Known

13. NAME FATHER " "

14. BIRTHPLACE (City or Town) (State or Country) " "

15. MAIDEN NAME MOTHER " "

16. BIRTHPLACE (City or Town) (State or Country) " "

17. INFORMANT Lillian Ellzey

(Address) 2615 Travis Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Olivet Date 7/25/35 19

19. UNDERTAKER Gause Ware Funeral Home

(Address) Ft. Worth Texas

20. SIGNATURE OF REGISTRAR

FILE DATE JUL 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/24/35 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19, to \_\_\_\_\_, 19

I last saw him alive on \_\_\_\_\_, 19; death is said to

have occurred on the date stated above, at 1:15 P m. The principal cause of death and related causes of importance were as follows:

Cancer of Prostate Date of onset 3-25-35  
Malnutrition

Other contributory causes of importance: Adenomatous hypertrophy of Prostate

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) W. R. Lenox M. D.

(Address) St. Joseph's Hospital

