

SEP 6 1947

CERTIFICATE OF DEATH

PLACE OF DEATH:
(a) County Guilford
(b) Township _____
(c) City or town Greensboro
(If in town limits, leave blank)
(If outside city or town limits, write RURAL)
(d) Street, hospital or institution Wesley Long
(e) Length of stay in hospital or institution 4 hours
(Yrs., mos., or days)
In this community _____
(Yrs., mos., or days)

Registration Dist. No. _____ Certificate No. 418
2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N.C. (b) County Guilford
(c) City or town High Point
(d) Street or R.F.D. Rural RFD#4
(e) Is place of residence in corporate limits? No
(f) If foreign born, how long in U.S.A.? _____ years.

1. FULL NAME Thomas Woodrow Crowson

1) If veteran, name war _____ 3(c) Social Security No. _____

Sex Male 5. Color or Race White 6(a) Single, married, widowed, or divorced. Married

2) Name of husband or wife Ruth Wood Crowson

3) Age of husband or wife if alive _____ years.

4) Birth date of deceased Sept. 9, 1918
(month, day and year)

AGE: 28 Years 11 Months 5 Days If less than one day _____ hrs. _____ mins.

5) Birthplace North Carolina
(City, town, or county) (State or foreign country)

6) Usual occupation Professional base ball
Industry or business Pitcher

7) Name Sam Crowson

8) Birthplace N.C.

9) Maiden Name Alberta Brown

10) Birthplace N.C.

11) Informant's Signature Mrs. Ruth Wood Crowson

12) Address High Point RFD#4

13) Burial (a) Burial, cremation, or removal _____ (b) Date thereof 8-15-47
(Month, day, year)

14) Cemetery Springfield

15) Location Near High Point

16) Funeral director Yow's Funeral Home

17) Address High Point

18) 8-25-1947 (b) [Signature]
Filed Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 14, 1947 19____, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1947 to Aug 14 1947, and that I last saw him alive on Aug 14 1947.

Immediate cause of death Comp. comm. fract of skull & trauma of brain (laceration).
Due to Auto accident.

Duration 7 hrs.
Physician _____
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Not done
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident.
(b) Date of occurrence 8/13/47
(c) Where did injury occur? Highway N.C.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? Highway
(Specify type of place)
While at work? Yes
(e) Means of injury Bus & truck collision
Signature [Signature] M.D.
Address Greensboro Nc Date signed 8/14/47