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.

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

Do not use this space.

1094

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 141
Township Kaw — Primary Registration District No. 1008 — Registered No. 141
City Kansas City (No. St. Luke's Hospt. St. Ward)

2. FULL NAME Harold Lewellen Crawford
(a) Residence. No. 4956 Bell 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 m
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1895

7. AGE Years 32 Months Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Live Stock Exchange Claim Dept.
(b) General nature of industry, business, or establishment in which employed (or employer) Santa Fe
(c) Name of employer

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

PARENTS
10. NAME OF FATHER L. U. Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lena A. Farnham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT George Crawford (Address) 6439 Jefferson

15. FILED Jan 11, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Jany 9, 1927, to Jany 10, 1927, that I last saw him alive on Jan 9, 1927, and that death occurred, on the date stated above, at 9:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation Heart
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hyper Tension
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? YES 1/10 - St. Luke's Hosp.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) L. J. Marker, M. D.
1/11, 1927 (Address) 1207 Rialto Bldg

*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 Mt. Washington — DATE OF BURIAL Jan 12 1927

20. UNDERTAKER D. H. Newcomer's Sons — ADDRESS K.C. Mo.

Dr Henry Mather
1207 Rialto
Mo 7820
2-5