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

Do not use this space.

28895

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Sr Louis (No. 3551a Caroline St. ..... Ward)

File No. .....

Registered No. 8458

**2. FULL NAME** Thomas Crawford

(a) Residence. No. 3551a Caroline St., 18 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: 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~~ Nettie Ellard Crawford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 - 1868

7. AGE: 58 YEARS; MONTHS: 11; DAYS: 24; If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: motorman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: United Railways

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

PARENTS

10. NAME OF FATHER: Jno Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER: Mary Daly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT: Nettie Crawford
(Address) 3551a Caroline

15. FILED SEP 22 1927 19 May C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1927, to Sept 21st, 1927 that I last saw him alive on Sept 21st, 1927, and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dlm D O Gorman, M. D

Sept. 21, 1927 (Address) 3900 Cleveland av

*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: Calvary Cem

DATE OF BURIAL: Sept 24 1927

20. UNDERTAKER: Thos J Finan

ADDRESS: 15195 Grand Boulv

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.

PERMANENT RECORD