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

Do not use this space.

37263

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: Webb — Primary Registration District No.: 2002 — Registrar's No.: 660
City: Joplin (No.: 1109 Chestnut St. Ward)

2. FULL NAME: Walter L Crawford

(a) Residence. No. ..... 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.

JAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frankie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 16 1864

7. AGE: Years 62 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Ill.
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: William Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Moreland
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Moreland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Moreland
(STATE OR COUNTRY): Ky

14. INFORMANT: Edward C Lawrence
(Address): Joplin Mo.

15. FILED: 12/28, 1927 — Wm A Benson Clark, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 27 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1926 to Dec 27, 1927 that I last saw him alive on Dec 27, 1927 and that death occurred, on the date stated above, at 11-25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): diabetes
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J C Phenoweth M. D
12-27, 1927 (Address) Joplin Mo

*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 Hope Cem — DATE OF BURIAL: 12-27-1927

20. UNDERTAKER: Murbut Rend Co — ADDRESS: Joplin Mo.

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.

THIS IS A PERMANENT RECORD