MAY 29 1928

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

Do not use this space.

12659

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty
Registration District No. 201
Primary Registration District No. 5280
File No.
Registered No. 37
(No. St. Ward)

2. FULL NAME Benjamin A. Crawford
(a) Residence. No. I O O F Home 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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 1-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate g
(b) General nature of industry, business, or establishment in which employed (or employer) I O O F Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hendrick Co Ind.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Moses L. Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary E. Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Paul A. Rogers
(Address) Liberty Mo

15. FILED 5/10/28 19 W H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1927, to April 26 1928 that I last saw him alive on April 28 1928 and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
59
5 M
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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) J H Matthews, M. D
4/28, 1928 (Address) Liberty 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 Union Star Mo
DATE OF BURIAL 4/27/1928

20. UNDERTAKER Church Archer Co
ADDRESS Liberty Mo

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.