

20 1928

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

Do not use this space.

32824

1. PLACE OF DEATH
County Buchanan Registration District No. 85 1001
Township Primary Registration District No.
City St. Joseph, (No. 1501 South 18th.) St. Ward

File No.
Registered No. 1219

2. FULL NAME Harry Wrights Crawford,
(a) Residence No. 1501 South 18th. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 36 yrs. 1 mo. 23 ds. How long in U.S., if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 1 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Charles C. Crawford,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rockford,
(STATE OR COUNTRY) Illinois,
12. MAIDEN NAME OF MOTHER Delia Wrights
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Walla,
(STATE OR COUNTRY) North Carolina

14. INFORMANT Charles C. Crawford
(Address) 1501 South 18th Street,

15. FILED OCT 26 1928
REGISTRAR John G. [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928, to Oct. 24, 1928, that I last saw him alive on Oct. 24, 1928, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
92A
IIIA

CONTRIBUTORY Chronic Mitral Regurgitation
(SECONDARY) (duration) 8 yrs. 7 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Austin Fran, M. D.

10/25, 1928 (Address) Kirkpatrick 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 Woods Hera Cemetery DATE OF BURIAL Oct. 27 1928

20. UNDERTAKER Heaton B. [Signature] ADDRESS 319 S. 10 St.,

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1001 South 10th Street

Kansas City, Missouri

1907

George Washington

Highway

10th Street

Highway

Highway

1001 South 10th Street

Highway

10th Street

Home

1001 South 10th Street

1001 South 10th Street