108

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

Do not use this space.

5211

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: Washington — Primary Registration District No. 6962.

City: ~~Nevada~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 42.

2. FULL NAME Cassandra Crawford

(a) Residence. (Usual place of abode) No. St Hospital #3 St., ... Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	undarned

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 51			

8. OCCUPATION OF DEACESED

(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) unknown (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT State Hosp. Record. (Address)

15. FILED 3/7/29 E.R. King. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-2 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Jan 1, 1929, that I last saw h. alive on Jan 1, 1929, and that death occurred, on the date stated above, at 4:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Bronchial pneumonia

107A

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) influenza

(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? M.D. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) H. L. McPardon, M. D

1-2, 1929 (Address) ~~Hosp~~ Nevada 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 State Hospital — DATE OF BURIAL Jan 3 1929

20. UNDERTAKER Harper & Sued L. D. Lierpm — ADDRESS Nevada 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.

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