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

Do not use this space.

13075

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3631

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

City St Louis Mo (No. 6117 Plymouth St. ..... Ward)

2. FULL NAME Thomas Crawford

(a) Residence. No. 6117 Plymouth St. 5 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1839

7. AGE: Years 90; Months; Days 12 12; If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Robert Crawford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mr. Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs. C. M. Ridwell
(Address) 6117 Plymouth Ave

15. FILED 25 1929 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 23 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1929, to March 23, 1929, that I last saw him alive on Mar 23, 1929, and that death occurred, on the date stated above, at 11 45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
General Arteriosclerosis
Chronic Myocarditis
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): no Labor & Broncho #103
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 903

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests

(Signed) Owen A. White, M. D

Mar 23, 1929 (Address) 1300 A Hodiamont

*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 Cemetery — DATE OF BURIAL: Mar. 26, 1929

20. UNDERTAKER: J. J. Quinn — ADDRESS: 1532 N. Grand Blvd

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.